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# Knowledge, Attitudes, and Practices of Physiotherapists Regarding Evidence-Based Practice: Cross Sectional Survey

*Original Research*

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## ABSTRACT

**Background:** Evidence-based practice is central to high-quality physiotherapy care, integrating research evidence with clinical expertise and patient preferences. Despite its recognized importance, the extent to which evidence-based practice is understood and implemented by physiotherapists in developing healthcare systems remains insufficiently explored at a national level.

**Objective:** This study aimed to assess the knowledge, attitudes, and practices of physiotherapists regarding evidence-based practice in Pakistan and to examine factors influencing its clinical application.

**Methods:** A nationwide cross-sectional survey was conducted across major provinces of Pakistan over an eight-month period. Licensed physiotherapists with at least one year of clinical experience were recruited from hospitals, academic institutions, and private clinics. Data were collected using a validated, self-administered questionnaire measuring knowledge, attitudes, and practices related to evidence-based practice on a five-point Likert scale. Descriptive statistics summarized participant characteristics and domain scores. Independent sample t-tests, one-way analysis of variance, and Pearson's correlation coefficient were applied, assuming normal data distribution, with statistical significance set at $p < 0.05$.

**Results:** A total of 452 physiotherapists were included in the final analysis. The mean knowledge score was $3.42 \pm 0.61$, attitude score was $3.87 \pm 0.54$, and practice score was $3.09 \pm 0.67$. While most participants demonstrated positive attitudes toward evidence-based practice, fewer reported consistent application in routine care. Knowledge showed a moderate positive correlation with practice ($r = 0.46$, $p < 0.001$). Time constraints and limited access to research literature were the most commonly reported barriers.

**Conclusion:** Physiotherapists in Pakistan exhibited favorable perceptions of evidence-based practice but demonstrated limited integration into clinical practice. Targeted educational strategies and institutional support may facilitate improved adoption of evidence-based physiotherapy nationwide.

**Keywords:** Attitude, Evidence-Based Practice, Knowledge, Pakistan, Physiotherapy, Professional Practice, Survey

**Introduction**

Evidence-based practice (EBP) has become a cornerstone of contemporary healthcare, aiming to integrate the best available research evidence with clinical expertise and patient values to optimize clinical decision-making. Within physiotherapy, EBP is particularly critical because treatment approaches often rely on clinical reasoning, manual skills, and individualized patient care plans. As the profession continues to evolve globally, physiotherapists are increasingly expected to justify interventions using current scientific evidence, ensuring both effectiveness and accountability in practice. Despite widespread recognition of EBP as a professional standard, its consistent implementation in daily physiotherapy practice remains a challenge, particularly in low- and middle-income countries where healthcare systems, educational resources, and research infrastructure may be variable (1).

Knowledge, attitudes, and practices related to EBP are widely acknowledged as key determinants influencing whether clinicians successfully adopt evidence-based approaches. Adequate knowledge enables physiotherapists to search, appraise, and interpret scientific literature, while positive attitudes shape motivation and willingness to incorporate evidence into clinical reasoning. Practical application, however, is often influenced by real-world constraints such as workload, time limitations, access to research databases, institutional support, and confidence in research appraisal skills (2). International studies have shown that although many physiotherapists express favorable attitudes toward EBP, gaps frequently exist between theoretical understanding and actual clinical implementation. This disconnect suggests that positive perception alone is insufficient to ensure evidence-based care (3).

In developed healthcare systems, several surveys have explored physiotherapists' familiarity with EBP principles, highlighting moderate to good levels of awareness but inconsistent utilization in practice. Barriers such as limited time, lack of mentoring, and difficulty interpreting statistical results have been repeatedly reported. Conversely, facilitators including continuing professional development, postgraduate education, and organizational encouragement have been associated with better adoption of EBP (4). However, findings from high-income settings cannot be directly generalized to countries like Pakistan, where the professional landscape, educational pathways, and clinical environments differ substantially. Physiotherapy in Pakistan has undergone rapid growth over the past two decades, with increasing numbers of academic institutions, degree programs, and clinical settings. Despite this expansion, structured integration of research evidence into routine practice may not be uniform across regions or practice settings.

In Pakistan, physiotherapists work across diverse contexts, ranging from tertiary care hospitals and rehabilitation centers to private clinics and community-based services. Variability in access to academic resources, research training during undergraduate education, and exposure to continuing education programs may influence how EBP is perceived and applied (5). While younger professionals may be more familiar with research terminology due to curricular changes, experienced clinicians often rely heavily on clinical expertise and traditional practice patterns. This dynamic highlights the importance of assessing not only what physiotherapists know about EBP, but also how they feel about it and how consistently it is translated into everyday patient care.

Existing literature from Pakistan on EBP within physiotherapy remains limited and fragmented. Most available studies are institution-specific or confined to small geographic areas, offering only partial insight into nationwide trends. Furthermore, few studies comprehensively examine knowledge, attitudes, and practices together, despite their interdependent nature. Understanding these dimensions collectively is essential to identify meaningful gaps between education and practice, and to inform targeted interventions such as curriculum enhancement, professional training programs, and policy development. Without robust national-level data, efforts to strengthen evidence-based physiotherapy practice may remain poorly aligned with the actual needs of clinicians (6).

Given the growing emphasis on quality assurance, patient safety, and outcome-driven care, evaluating the current status of EBP among physiotherapists in Pakistan is both timely and necessary (7). Such evaluation can provide valuable insight into whether physiotherapists feel adequately prepared to engage with research evidence, whether they perceive EBP as relevant and feasible within their clinical settings, and how frequently evidence informs their treatment decisions. Moreover, identifying perceived barriers and facilitators can guide stakeholders, educators, and professional bodies in developing realistic strategies to promote sustainable evidence-based physiotherapy practice across the country.

In light of these considerations, the present study is designed to systematically assess the knowledge, attitudes, and practices of physiotherapists regarding evidence-based practice at a national level in Pakistan. The objective is to identify existing strengths, gaps, and influencing factors related to EBP adoption, thereby providing an evidence-informed foundation for educational reforms, professional development initiatives, and policy planning aimed at enhancing the quality and effectiveness of physiotherapy services nationwide.

**Methods**

This survey-based study employed a nationwide cross-sectional design to explore the knowledge, attitudes, and practices of physiotherapists regarding evidence-based practice within professional and educational contexts in Pakistan. The study was conducted across multiple provinces and administrative regions, including Punjab, Sindh, Khyber Pakhtunkhwa, Balochistan, and the Islamabad Capital Territory, to ensure geographic diversity and representation of different clinical and academic environments. Data collection was carried out over an eight-month period from March 2022 to October 2022, allowing sufficient time to reach participants working in varied healthcare settings such as tertiary care hospitals, teaching institutions, private rehabilitation centers, and outpatient clinics in cities including Lahore, Karachi, Islamabad, Rawalpindi, Peshawar, Faisalabad, Multan, and Quetta. The study population comprised licensed physiotherapists currently engaged in clinical practice, teaching, or a combination of both. Participants were eligible if they held at least a Bachelor of Science or Doctor of Physical Therapy degree, had a minimum of one year of professional experience, and were actively practicing within Pakistan during the study period. Physiotherapists working exclusively in administrative roles, interns, undergraduate students, and those practicing outside

the country were excluded to maintain relevance to active professional practice. Participants were recruited using a combination of convenience and snowball sampling techniques, facilitated through professional networks, institutional contacts, and national physiotherapy associations (8).

The sample size was calculated using parameters derived from a previously published regional study that reported approximately 55% adequate knowledge of evidence-based practice among physiotherapists. Assuming a 95% confidence level, a margin of error of 5%, and an estimated population proportion of 0.55, the minimum required sample size was calculated to be 380 participants using standard single population proportion formula (9,10). To account for potential non-response and incomplete questionnaires, a 15% attrition rate was added, resulting in a final target sample size of 437 physiotherapists. At the end of the data collection period, complete responses were obtained from 452 participants, exceeding the minimum requirement and strengthening the statistical power of the analysis. Data were collected using a structured, self-administered questionnaire adapted from validated instruments previously used to assess evidence-based practice among healthcare professionals. The questionnaire consisted of four main sections: demographic and professional characteristics, knowledge of evidence-based practice, attitudes toward evidence-based practice, and self-reported practices related to evidence utilization. Knowledge items assessed familiarity with EBP concepts, research terminology, literature searching, and critical appraisal skills (11,12). Attitude items explored perceptions of relevance, usefulness, and confidence related to EBP, while practice items focused on frequency of literature use, application of research findings in clinical decision-making, and participation in continuing professional development activities. Responses were recorded using a five-point Likert scale, allowing quantitative assessment of each domain.

Prior to data collection, the questionnaire was reviewed by senior physiotherapy academicians for content relevance and clarity. A pilot test was conducted on 30 physiotherapists from a teaching hospital in Lahore to assess comprehensibility and internal consistency. These pilot responses were not included in the final analysis. Reliability analysis demonstrated acceptable internal consistency, with Cronbach's alpha values exceeding 0.80 for all major domains. Ethical approval for the study was obtained from the Institutional Review Board (Approval Reference No. IRB/SU/2022/017). Permission was also sought from participating institutions where required. All participants were informed about the purpose of the study, the voluntary nature of participation, and the confidentiality of their responses. Written informed consent was obtained electronically prior to questionnaire completion. No personal identifiers were collected, and data were stored securely with access limited to the research team.

Data analysis was performed using Statistical Package for the Social Sciences (SPSS) version 25. Normality of data distribution was assessed using the Shapiro–Wilk test and inspection of histograms, confirming normal distribution of continuous variables. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were used to summarize demographic variables and EBP-related scores. Inferential analysis included independent sample t-tests to compare mean scores across binary variables such as gender and workplace setting, and one-way analysis of variance (ANOVA) to assess differences across multiple groups such as qualification level and years of experience. Pearson's correlation coefficient was used to examine relationships between knowledge, attitude, and practice scores. A p-value of less than 0.05 was considered statistically significant for all analyses.

**Results**

A total of 452 complete responses were analyzed out of 478 questionnaires distributed, yielding a response rate of 94.6%. Participants were recruited from diverse clinical and academic settings across Pakistan, including tertiary care hospitals (41.6%), private rehabilitation clinics (33.4%), teaching institutions (17.9%), and community-based facilities (7.1%). The mean age of respondents was 29.8 ± 6.4 years, with a professional experience ranging from 1 to 22 years (mean 5.9 ± 4.7 years). Most participants held a Doctor of Physical Therapy degree (71.5%), followed by bachelor-level qualifications (19.7%) and postgraduate degrees (8.8%). Demographic and professional characteristics are summarized in Table 1. Overall knowledge of evidence-based practice demonstrated a moderate level among respondents. The mean knowledge score was 3.42 ± 0.61 on a five-point scale. A majority of physiotherapists reported familiarity with the basic concept of evidence-based practice (78.5%), while fewer participants indicated confidence in critical appraisal of research articles (46.9%). Knowledge related to database searching showed variable results, with 58.2% reporting regular use of PubMed or Google Scholar, whereas only 31.6% reported familiarity with advanced search strategies such as Boolean operators. Detailed distribution of knowledge items is presented in Table 2.

Attitudes toward evidence-based practice were generally positive, with a mean attitude score of 3.87 ± 0.54. Most respondents agreed that EBP improves quality of patient care (84.3%) and enhances professional credibility (79.1%). However, 42.7% perceived EBP as difficult to implement in routine practice due to contextual constraints (13,14). Despite this, willingness to improve EBP-related skills was high, with 81.4% expressing interest in further training. Attitude-related outcomes are outlined alongside practice measures in Table 3. Self-reported practices related to evidence-based practice revealed comparatively lower scores than knowledge and attitudes. The mean practice score was 3.09 ± 0.67. Regular consultation of research literature to guide clinical decisions was reported by 39.8% of participants, while 34.1% indicated occasional use (15). Participation in journal clubs or research discussion forums was limited, with only 21.5% reporting regular involvement. Time constraints were the most frequently reported barrier affecting EBP implementation, followed by limited access to full-text articles and lack of institutional support.

Inferential analysis demonstrated statistically significant differences in EBP domain scores across qualification levels. Physiotherapists with postgraduate qualifications showed higher mean knowledge scores (3.89 ± 0.48) compared to those with undergraduate degrees (3.36 ± 0.59), $p < 0.001$. Similarly, clinicians working in academic or teaching hospitals demonstrated higher practice scores than those working exclusively in private clinics ($p = 0.002$). Pearson's correlation analysis revealed a

moderate positive correlation between knowledge and practice scores ($r = 0.46$, $p < 0.001$), and a weaker but significant correlation between attitude and practice scores ($r = 0.32$, $p < 0.001$), indicating that higher knowledge and favorable attitudes were associated with increased application of EBP in clinical settings.

**Table 1. Demographic and Professional Characteristics of Participants (n = 452)**

| Variable | Category | n (%) |
|---|---|---|
| Gender | Male | 214 (47.3) |
| | Female | 238 (52.7) |
| Qualification | Bachelor/DPT | 415 (91.2) |
| | Postgraduate | 37 (8.8) |
| Workplace Setting | Tertiary care hospitals | 188 (41.6) |
| | Private clinics | 151 (33.4) |
| | Teaching institutions | 81 (17.9) |
| | Community settings | 32 (7.1) |

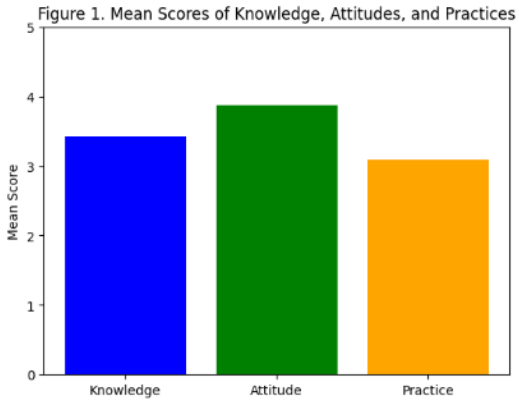
**Table 2. Knowledge of Evidence-Based Practice Among Physiotherapists**

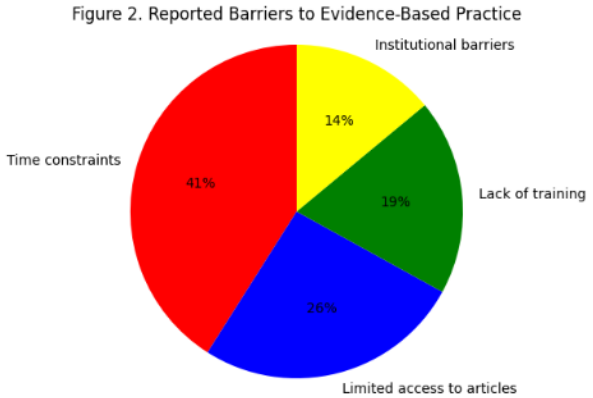
| Knowledge Item | Agree n (%) | Neutral n (%) | Disagree n (%) |
|---|---|---|---|
| Familiar with EBP concept | 355 (78.5) | 61 (13.5) | 36 (8.0) |
| Able to appraise research critically | 212 (46.9) | 124 (27.4) | 116 (25.7) |
| Regular use of online databases | 263 (58.2) | 97 (21.5) | 92 (20.3) |
| Understanding of research statistics | 184 (40.7) | 139 (30.8) | 129 (28.5) |

**Table 3. Attitudes and Practices Related to Evidence-Based Practice**

| Domain Item | Agree n (%) | Neutral n (%) | Disagree n (%) |
|---|---|---|---|
| EBP improves patient outcomes | 381 (84.3) | 44 (9.7) | 27 (6.0) |
| Confidence in applying evidence | 219 (48.5) | 131 (29.0) | 102 (22.6) |
| Regularly apply research in practice | 180 (39.8) | 154 (34.1) | 118 (26.1) |
| Participate in journal clubs | 97 (21.5) | 138 (30.5) | 217 (48.0) |

Figure 1 illustrates the comparative mean scores of knowledge, attitudes, and practices, highlighting the relative decline from perception to application. Figure 2 presents the proportional distribution of commonly reported barriers to EBP implementation, with time limitations accounting for the largest share.




## Discussion

The present study provided a nationwide overview of physiotherapists' knowledge, attitudes, and practices regarding evidence-based practice within Pakistan, revealing important patterns that align with, yet also diverge from, trends reported in international literature. Overall, physiotherapists demonstrated a moderate level of knowledge, with a mean score of $3.42 \pm 0.61$, accompanied by a comparatively higher attitude score of $3.87 \pm 0.54$ and a lower practice score of $3.09 \pm 0.67$. This gradient from awareness to implementation suggested that while conceptual acceptance of evidence-based practice was widespread, translation into routine clinical decision-making remained limited (16,17). Similar distributions have been reported in prior regional and international surveys, where knowledge scores typically ranged between 3.3 and 3.6, and practice scores consistently lagged behind attitudes by approximately 0.5 to 0.8 points. The observed knowledge levels indicated that foundational understanding of evidence-based practice was present among most respondents, with nearly four-fifths reporting familiarity with the concept. However, fewer than half demonstrated confidence in critical appraisal skills, reflecting a persistent gap between recognition and functional competency. Comparable studies conducted in South Asian and Middle Eastern contexts have reported critical appraisal proficiency in the range of 40–50%, closely mirroring the 46.9% observed in the current findings (18). This consistency suggested

that difficulties in interpreting research evidence may be a systemic issue rather than an isolated national concern, potentially linked to limited emphasis on applied research skills during undergraduate training.

Attitudes toward evidence-based practice were notably positive, with more than 80% of participants acknowledging its role in improving patient outcomes and professional credibility. This favorable perception exceeded figures reported in some earlier regional studies, where positive attitudes ranged from 65% to 75%, indicating a gradual cultural shift toward research-oriented practice within the profession. The high willingness to engage in further training, reported by over 80% of respondents, underscored a readiness for capacity-building initiatives (19). At the same time, the perception of implementation difficulty reported by 42.7% highlighted an underlying tension between professional ideals and practical realities, reinforcing the notion that attitude alone was insufficient to ensure behavioral change. The relatively low practice score was one of the most critical findings of the study. Only 39.8% of physiotherapists reported regular use of research evidence to guide clinical decisions, a figure comparable to earlier reports ranging from 30% to 45% in similar healthcare settings. Limited participation in journal clubs and structured research discussions, reported by just 21.5% of respondents, further emphasized the lack of institutionalized mechanisms supporting evidence-based engagement. The moderate positive correlation between knowledge and practice ($r = 0.46$) suggested that improving research literacy could meaningfully enhance application, although the strength of this relationship also implied that additional contextual factors influenced behaviour (20). The weaker yet significant correlation between attitude and practice ($r = 0.32$) reinforced the idea that positive beliefs did not consistently translate into action without structural support.

Time constraints emerged as the most frequently reported barrier, affecting over 40% of respondents, consistent with international findings where time limitation has been reported in the range of 35–60%. Limited access to full-text literature and insufficient institutional support further compounded these challenges (21). These barriers reflected broader systemic limitations within healthcare environments, particularly in resource-constrained settings, where high patient loads and limited academic infrastructure restrict opportunities for evidence engagement. The higher practice scores observed among postgraduate-qualified physiotherapists and those working in academic hospitals supported this interpretation, suggesting that exposure to research-oriented environments facilitated more consistent application of evidence. Several strengths of the study enhanced the credibility of these findings. The large sample size exceeding the calculated requirement, the inclusion of multiple provinces and diverse practice settings, and the use of a validated and reliable instrument collectively strengthened generalizability. Additionally, the simultaneous assessment of knowledge, attitudes, and practices allowed a more comprehensive understanding of the dynamics influencing evidence-based practice. However, certain limitations warranted consideration. The reliance on self-reported data introduced the possibility of social desirability bias, potentially leading to overestimation of positive behaviors. The cross-sectional design limited the ability to infer causal relationships, and the use of convenience and snowball sampling may have underrepresented physiotherapists in remote or under-resourced areas.

Future research could benefit from longitudinal designs to examine changes in evidence-based practice over time and to evaluate the impact of targeted educational interventions. Qualitative approaches may also provide deeper insight into contextual and cultural factors shaping clinical behavior. Additionally, intervention-based studies assessing the effectiveness of structured mentorship, protected research time, and institutional access to scientific resources could offer practical solutions to bridge the persistent gap between knowledge and practice. Collectively, the findings underscored the need for integrated educational and organizational strategies to promote sustainable evidence-based physiotherapy practice within Pakistan.

## Conclusion

This nationwide study demonstrated that physiotherapists in Pakistan possessed moderate knowledge and positive attitudes toward evidence-based practice, yet its consistent application in clinical settings remained limited. The findings highlighted a clear gap between conceptual understanding and routine practice, influenced by skill-related and contextual constraints. Strengthening research literacy, improving access to scientific resources, and fostering supportive institutional environments may enhance the integration of evidence-based practice, ultimately contributing to improved quality, credibility, and effectiveness of physiotherapy services.

## References

1. McEvoy M, Luker J, Fryer C, Lewis LK. Changes in physiotherapists' perceptions of evidence-based practice after a year in the workforce: A mixed-methods study. PLoS One. 2020;15(12):e0244190.

2. AlKetbi H, Hegazy F, Alnaqbi A, Shousha T. Evidence-based practice by physiotherapists in UAE: Investigating behavior, attitudes, awareness, knowledge and barriers. PLoS One. 2021;16(6):e0253215.

3. Alt Murphy M, Björkdahl A, Forsberg-Wärleby G, Persson CU. Implementation of evidence-based assessment of upper extremity in stroke rehabilitation: From evidence to clinical practice. J Rehabil Med. 2021;53(1):jrm00148.

4. da Silva AM, Padula RS. Factor structure and short version of the modified Fresno test to assess the use of the evidence-based practice in physiotherapists. BMC Med Educ. 2021;21(1):135.

5. Braun T, Ehrenbrusthoff K, Bahns C, Happe L, Kopkow C. [Adherence to and influencing factors of evidence-based practice in physiotherapeutic care in Germany: a cross-sectional study]. Z Evid Fortbild Qual Gesundhwes. 2022;168:8-20.

6. Ehrenbrusthoff K, Braun T, Bahns C, Happe L, Kopkow C. Adherence to evidence-based practice across healthcare professionals in Germany: results from a cross-sectional, nationwide survey. BMC Health Serv Res. 2022;22(1):1285.

7. Fernández-Domínguez JC, De Pedro-Gómez JE, Jiménez-López R, Romero-Franco N, Bays Moneo AB, Oliva-Pascual-Vaca Á, et al. Physiotherapists' Evidence-Based Practice profiles by HS-EBP questionnaire in Spain: A cross-sectional normative study. PLoS One. 2022;17(6):e0269460.

8. Gleadhill C, Bolsewicz K, Davidson SRE, Kamper SJ, Tutty A, Robson E, et al. Physiotherapists' opinions, barriers, and enablers to providing evidence-based care: a mixed-methods study. BMC Health Serv Res. 2022;22(1):1382.

9. Płaszewski M, Krzepkowska W, Grantham W, Wroński Z, Makaruk H, Trębska J. Knowledge, behaviours and attitudes towards Evidence-Based Practice amongst physiotherapists in Poland. A nationwide cross-sectional survey and focus group study protocol. PLoS One. 2022;17(3):e0264531.

10. Gosselink R. Appraisal of Clinical Practice Guideline: Role of Physical Therapists in the Management of Individuals at Risk for or Diagnosed With Venous Thromboembolism: Evidence-Based Clinical Practice Guideline 2022. J Physiother. 2023;69(4):276.

11. Iqbal MZ, Rochette A, Mayo NE, Valois MF, Bussières AE, Ahmed S, et al. Exploring if and how evidence-based practice of occupational and physical therapists evolves over time: A longitudinal mixed methods national study. PLoS One. 2023;18(3):e0283860.

12. Öhman A, Keisu BI, Enberg B. Professional knowledge development and evidence-based practice in confusing vs. supportive work organizations: A grounded theory situational analysis of Swedish elderly care. Physiother Theory Pract. 2023;39(5):994-1006.

13. Winarni LM, Damayanti R, Prasetyo S, Afiyanti Y, Setio KAD. Evidence-based interventions to improve the psychological well-being of pregnant mothers: a scoping review. Eur Rev Med Pharmacol Sci. 2023;27(20):9846-53.

14. Benavides-Cordoba V, Torres-Castro R, Fregonezi GAF, Resqueti V, Pérez-Nieto O, Cañas A, et al. Evidence-based practice in respiratory healthcare professionals in Latin America: a survey of the Latin American Thoracic Association (ALAT). Colomb Med (Cali). 2024;55(1):e2005884.

15. da Silva AM, da Silva Vieira Rosa DK, Padula RS. Modified Fresno test to assess Physical therapists' use of evidence-based practice: measurement properties of the Brazilian-Portuguese short version: Modified Fresno test Brazilian-Portuguese short version. Braz J Phys Ther. 2024;28(5):101112.

16. Gray B, Gibbs A, Bowden JL, Eyles JP, Grace S, Bennell K, et al. Appraisal of quality and analysis of the similarities and differences between osteoarthritis Clinical Practice Guideline recommendations: A systematic review. Osteoarthritis Cartilage. 2024;32(6):654-65.

17. Gross AR, Olson KA, Pool J, Basson A, Clewley D, Dice JL, et al. Spinal manipulation and mobilisation in paediatrics - an international evidence-based position statement for physiotherapists. J Man Manip Ther. 2024;32(3):211-33.

18. Morales-Osorio MA, Ordoñez-Mora LT, Gutiérrez-Espinoza H, Araya-Quintanilla F, Bays-Moneo A, Ramírez-Vélez R. A survey of beliefs, attitudes, knowledge, and behaviors about evidence-based practice in physical therapists of Latin America: a cross-sectional study. Sci Rep. 2024;14(1):27404.

19. Muntessu DLN, Ghassi HT, Buh FC, Nietho AW, Siewe JR, Mpatoutou MM. Assessment of Evidence-Based Practice (EBP) among physiotherapists in Cameroon: a cross-sectional survey. BMC Med Educ. 2024;24(1):332.

20. Odole AC, Okafor A, Oyewole OO, Ekediegwu E. Knowledge, attitude and utilisation of evidence-based therapeutic exercises in knee osteoarthritis management in Nigeria. Ghana Med J. 2024;58(1):91-100.

21. Plater JC, Baxter GD, Wood LC, Mueller J, Fisher T. Development of evidence-based standards for inpatient physiotherapy services: a systematic review and content analysis of clinical practice guidelines. BMJ Open. 2024;14(12):e088692.

**AUTHOR's CONTRIBUTION:**

| Author | Contribution |
|---|---|
| Sairah Aslam | Conceptualization, Methodology, Formal Analysis, Writing - Original Draft, Validation, Supervision |