Studying physiotherapy abroad

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Why?

* Developing skills
* Want to study more
* Want to live abroad
* Want to do a masters degree
* No permanent contract- nothing holding me back

Why England?

* Jyväskylä or abroad?

  → abroad, but where?

* English speaking country
* One year masters
* Close to home

MSc Physiotherapy in Anglia Ruskin University in Cambridge

* One year, full-time (1200 study hours), 180 credits
* Modules:
  * Advanced clinical reasoning (diagnostics)
  * Clinical application of exercise
  * Research studies
  * Global leadership
  * Major Project

Difference to AMK/Finland

* Research: Evidence-Based Practice (EBP)
* Deeper level of understanding
* Challenge to use English as a study language
* Indepence in studies

What was best?

* In university:
  * Gait lab
  * Clinical reasoning
  * Learning to apply EBP
* In private life:
  * Settling and making new good friends
  * I did it and I enjoyed it! ☺

Challenges/possibilities?

* Degree not well known
* Skills in research, development and leadership
* Makes me stand out

Questions?

Major Project

* Quality of life of major lower limb amputees – a systematic review
  * Research question: ”what is the QoL of major LLAs?”
    * Which domains are affected?
    * Reason/level of amputation, age, gender, use of prosthesis?

Amputees and quality of life

* All domains (physical, psychological and social) affected
  * Lost mobility
  * Adapting, body image, helplessness etc..
  * Depression, anxiety etc..

References:

Kelly and Dowling, 2008; Bragaru et al., 2011; Sjödalh, Gard and Jarnlo, 2004; Hamill, Carson and Dorahy, 2010

ICF model

* Covers all the domains (Robinson et al., 2010)
* Individual reactions to social and psychological consequences – success in rehabilitation (Hamill, Carson and Dorahy, 2004)
* QoL measures – full range of problems

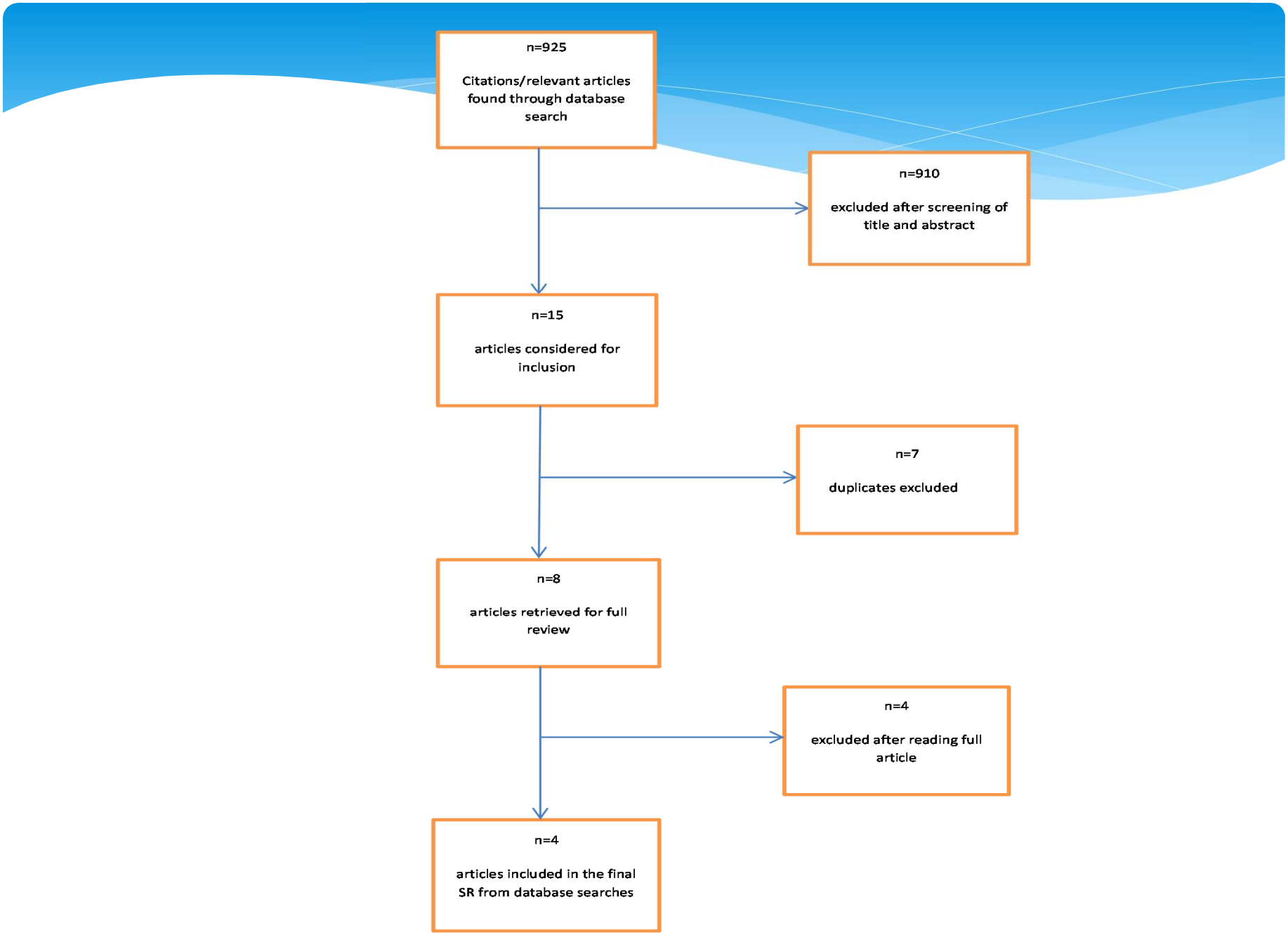
→better rehabilitation outcomes (Sinha and van den Heuvel, 2011)

→restore physical function to improve psychological and social domains (Van Veltzen et al., 2006)

Systematic review

* Specific inclusion/exclusion criteria
* Search of studies from electrical databases
* Quality appraisal
* Data extraction
* Results

Figure 2. Study eligibility flow chart.



Results...

* 4 studies, 111 amputees
* All used different scales for QoL
  * RAND-36, EQ-5D, SF-36, SQLP: generic
  * Q-TFA: transfemoral amputees
  * PEQ: prosthesis users
* Different times (3 months to 2 years)
  * Results grouped with time points

Results...

* Consistency between studies
* QoL in general quite good and it improves over time
* Physical domain most affected
  * Also social function and pain

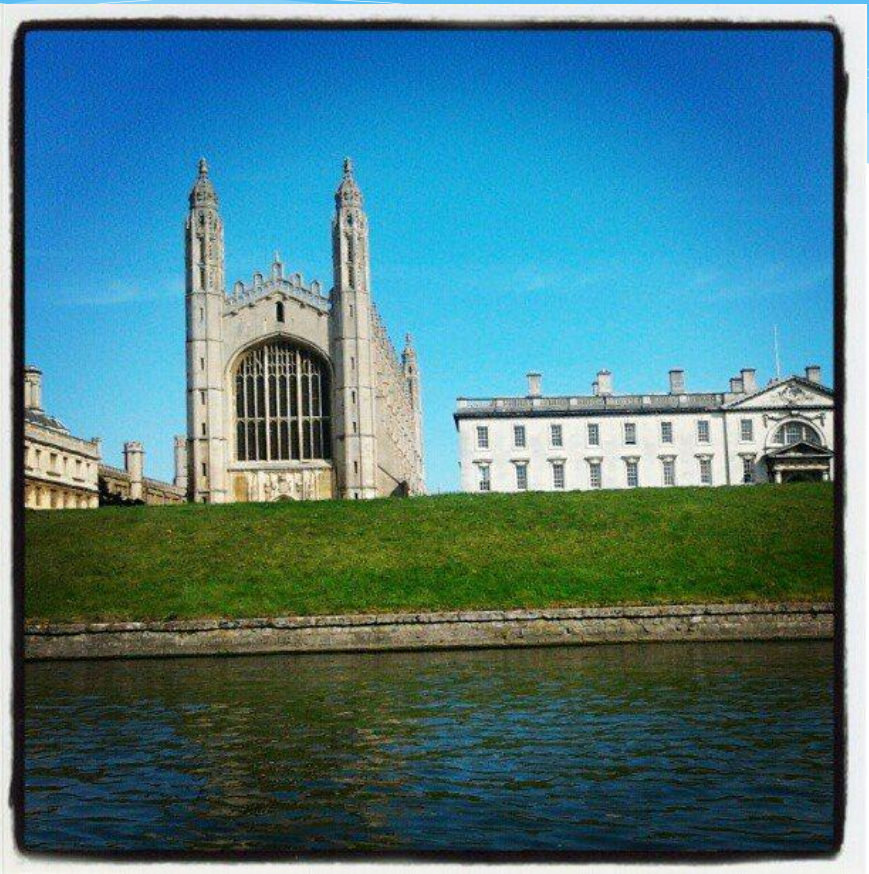
Results...

* Based on these studies no conclusions about reason/level of amputation, age, gender, use of prosthesis could be made

Results of individual studies

* Fortington et al., 2013: lower level of amptuation=better QoL
* Godlwana, Stewart and Musenga, 2012: women have better QoL/ Zidarov, Swaine and Gauthier-Gagnon, 2009: women have more body image issues
* Fortington et al., 2013: over 65-year-old amputees have worse QoL
* Fortington et al., 2013: ability to walk=better QoL

Questions?



Thank you!