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# 【論文摘要】Breadth and Depth of Clinical Reasoning in Physiotherapists: A Descriptive Study Based on the ICF

Hirofumi Hori；Kanae Takahashi；Mitsunori Matsushita

《物理治療》 50卷4期 (2025/12) Pp. 320-320

https://doi.org/10.6215/FJPT.202512.O13



## 摘要

Background: The quality of clinical reasoning decisively shapes recovery, yet objective descriptors of its multi layered structure are scarce. Leveraging the International Classification of Functioning, Disability and Health (ICF), we quantified two complementary indices breadth and depth to chart how physiotherapists appraise a standardized postoperative hip fracture case over time. Methods: Twenty-two physiotherapists (median experience 4.5 y, range 1-19) reviewed structured patient information on postoperative day 7 (POD7) and day 30 (POD30). Free-text responses were harmonized with a 50-term ICF-coded synonym dictionary. At each time point, participants listed up to five problems with linked interventions within each ICF domain. Breadth was defined as the number of unique Body-Functions items (range 1-5). Depth was calculated as the mean number of domains. body functions (BF), activities & participation (A&P), and environmental factors (EF) linked at the same rank (range 1-3). Pairwise changes were assessed with Wilcoxon signed-rank tests; differences in breadth by experience (> 10 y vs ≤ 10 y) were analyzed with the Mann-Whitney U test. Results: Breadth declined from 2.73 ± 1.24 on POD7 to 2.14 ± 1.08 on POD30 ($p = 0.041$, $r = 0.08$). Depth rose non-significantly from 2.45 ± 0.42 to 2.69 ± 0.49 ($p = 0.067$, $r = 0.30$). BF: POD7: reduced muscle power 86%, pain 73%, joint-mobility restriction 55%; POD30: muscle power 73%, muscle endurance 41%, pain 41%. A&P: POD7: short distance walking 68%, standing 55%; POD30: outdoor walking distance 59%, stair negotiation 50%. EF: POD7: architectural barriers 32%, assistive devices 27%; POD30: public-transport barriers 36%, architectural barriers 23%. Breadth did not differ between experience groups (median 2 vs 2; $p = 0.58$); similarly, depth showed no difference ($p = 1.00$). Conclusion: During the first postoperative month, physiotherapists narrowed the body level impairments they prioritized while modestly extending links that integrate activity limitations and environmental barriers. Combined mapping of breadth-depth offers a concise baseline for tracking the natural maturation of clinical reasoning and for evaluating future educational or organizational initiatives that foster integrative practice. Clinical implication: the breadth-depth offers a pragmatic benchmark for curriculum design and service audit and can underpin future trials of educational or organizational interventions aimed at fostering integrative clinical reasoning.

## 關鍵字

無資料

## 延伸閱讀