ESJ Natural/Life/Medical Sciences Peer-reviewed

Clinical Treatment Prescription in Physiotherapy: A Scoping Review of Conceptual and Operational Parameters

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Doi:10.19044/esj.2026.v22n12p14

Submitted: 09 March 2026
Accepted: 10 April 2026
Published: 30 April 2026

Cite As:
Hernandez, G.A. & Salazar, J. (2026). *Clinical Treatment Prescription in Physiotherapy: A Scoping Review of Conceptual and Operational Parameters*. European Scientific Journal, ESJ, 22 (12), 14. https://doi.org/10.19044/esj.2026.v22n12p14

Abstract

Background: Treatment prescription constitutes a fundamental component of physiotherapy practice because it guides the planning and implementation of therapeutic strategies aimed at maintaining, improving or restoring human movement and function. Despite its frequent use in clinical and academic contexts, the conceptual and methodological elements that define treatment prescription in physiotherapy remain inconsistently described in the literature.

Purpose: This scoping review aimed to map and analyse the available scientific literature addressing the notion of clinical treatment prescription in physiotherapy, with particular attention to how prescriptions are defined and whether operational parameter required for reproducible implementation are reported.

Methods: The review followed the reporting framework of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). A comprehensive search was conducted in PubMed/MEDLINE, Scopus, Web of Science, PEDro, OTSeeker, and Google Scholar, complemented by additional searches in books, book chapters, and institutional policy documents. Sources were eligible if they explicitly addressed the concept or definition of treatment prescription in physiotherapy.

Results: A total of thirty-seven (n=37) records were identified. After the screening process, only one source met the predefined eligibility criteria.

ISSN: 1857-7881 (Print)
e-ISSN 1857-7431 (Online)

This document provided a conceptual definition of prescribing in physiotherapy practice but did not describe detailed operational parameters for implementing clinical prescriptions.

Conclusions: The findings indicate that explicit and operational definitions of treatment prescriptions are rarely reported in physiotherapy literature. Greater conceptual clarity and clearer reporting standards are necessary to support reproducibility of interventions and strengthen evidence-based physiotherapy practice.

Keywords: Physiotherapy, Treatment Prescription, Patient-Client Management, Nature of the Physiotherapy Process

Introduction

The consolidation of physiotherapy as a health science discipline has required a progressive strengthening of its conceptual, epistemological, and clinical foundations (World Physiotherapy, 2023a). Among these foundations, the notion of clinical prescription is fundamental because it connects scientific evidence with structured therapeutic interventions aimed at preserving, restoring, or improving human movement and function (World Physiotherapy, 2023c). In a context of clinical practice, physiotherapists routinely design and implement intervention programmes that include diverse therapeutic modalities such as exercise, manual therapy, thermotherapy, electrotherapy, and many others (World Physiotherapy, 2011, 2023b). However, despite its frequent use in both clinical and academic contexts, the concept of clinical prescription in physiotherapy remains inconsistently defined and variably interpreted across the scientific literature (Colegio Americano de Medicina Deportiva, 2019; Organización Mundial de la Salud, 2015).

Historically, the term prescription has been strongly associated with pharmacological interventions in medicine (Colegio de Fisioterapia de España, 2020). In contrast, the term has gradually evolved to refer to the structured planning and dosage of therapeutic strategies based on clinical reasoning, patient characteristics, functional goals, and principles of evidence-based practice (Chartered Society of Physiotherapy, 2021). Nevertheless, the terminology surrounding this process often overlaps with other expressions such as treatment planning, therapeutic programming, or intervention design (American Physical Therapy Association, 2020). This terminological heterogeneity generates ambiguity regarding the theoretical scope, operational definition, and methodological components that constitute a true physiotherapy clinical prescription (World Physiotherapy, 2019).

Clarifying this concept is particularly relevant in contemporary physiotherapy practice, where clinical decision-making increasingly demands the integration of scientific evidence, standardised documentation, and

ISSN: 1857-7881 (Print)
e-ISSN 1857-7431 (Online)

reproducible therapeutic strategies (WCPT, 2019). In addition, the education and training of physiotherapists, as well as the development of professional competencies, depend on clearly defined frameworks that support the planning and justification of therapeutic interventions (World Physiotherapy, 2023b). Without conceptual clarity, the process of prescribing physiotherapy interventions risks remaining implicit, poorly standardised, or insufficiently described in scientific publications (Colegio de Fisioterapia de España, 2020).

In response to similar challenges, in the reporting of therapeutic interventions, several methodological frameworks have been developed to improve transparency and reproducibility of therapeutic procedures (Tricco et al., 2018).

On the other hand, evidence synthesis methodologies provide a valuable framework for examining how concepts are defined and operationalised within a given field of knowledge (American Physical Therapy Association, 2022). In particular, scoping reviews have emerged as an appropriate methodological approach when the objective is to map the breadth of available evidence, identify conceptual definitions, and detect gaps in the existing literature. Unlike systematic reviews, which address narrowly defined research questions, scoping reviews allow the exploration of broader topics and the inclusion of heterogeneous sources of evidence (Lopez-Cortes et al., 2022).

Therefore, the present study aims to map and analyse the scientific literature addressing treatment prescription in physiotherapy, examining how prescriptions are defined and reported, and whether the literature provides explicit and operational parameters that enable the structured, replicable, and reproducible implementation of physiotherapy interventions, in an evidence-based practice framework.

Methods

Study design

This study was conducted as a scoping review with the purpose of mapping and synthesizing the available scientific evidence concerning the concept and application of treatment prescription in physiotherapy practice. The methodological approach followed the reporting standards established in the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Extension for Scoping Reviews (PRISMA-ScR), which provides a structured framework for the transparent identification, selection, and synthesis of evidence in scoping reviews (Transparent Reporting of Systematic Reviews and Meta-Analyses, n.d.).

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Eligibility criteria

The eligibility criteria were defined a priori in order to ensure consistency during the study selection process. Eligible sources included original research articles, observational studies, clinical studies, methodological papers, reviews, and theoretical or conceptual publications, as well as relevant academic books, book chapters, institutional or official policies, statutes or regulatory documents. Publications were considered eligible if they addressed the concept or explicit definition of physiotherapy clinical treatment prescription.

Studies were excluded if they focused exclusively on pharmacological prescription, surgical interventions, or medical treatment planning unrelated to physiotherapy practice. Conference abstracts without full-text availability, editorial notes without substantive methodological description, and publications not written in English, Spanish, or Portuguese were also excluded.

Information sources and search strategy

A comprehensive literature search was conducted in the following electronic databases: PubMed/MEDLINE, Scopus, Web of Science, PEDro, OTSeeker, and Google Scholar. The search strategy combined controlled vocabulary and free-text terms related to physiotherapy and clinical prescription. Core search terms included combinations of physiotherapy, physical therapy, treatment prescription, intervention planning, and clinical decision-making. The search included all publications available from database inception to July 2025, and the final search was performed on July 15, 2025.

Search strategies were adapted to the syntax of each database in order to maximize sensitivity while maintaining conceptual specificity. Reference lists of relevant articles were also examined to identify additional sources that may not have been captured through the database search.

Additional relevant sources issued by recognized professional or governmental institutions, were identified through manual searching, reference tracking, and targeted searches in institutional repositories and academic search engines.

Study selection

The selection of studies was conducted in two sequential stages. First, titles and abstracts were screened to identify potentially relevant publications according to the established eligibility criteria. Subsequently, full-text versions of the selected articles were assessed to determine their final inclusion in the review.

The screening process was conducted independently by two reviewers. Discrepancies in study eligibility were resolved through discussion and

ISSN: 1857-7881 (Print)
e-ISSN 1857-7431 (Online)

consensus in order to ensure consistency in the application of the selection criteria (International Committee of Medical Journals Editors, 2022).

The process of study identification, screening, eligibility assessment, and final inclusion was documented using a PRISMA flow diagram in accordance with the PRISMA Extension for Scoping Reviews (PRISMA-ScR).

Data charting process

Data from the included studies were extracted using a structured charting form designed for this review. The extraction process focused on capturing key information relevant to the objectives of the study, including publication characteristics, study design, population or clinical context, conceptual definition of treatment prescription, methodological components of prescription, and the reported role of physiotherapy clinical reasoning.

The data charting form was iteratively refined during the review process to ensure that all relevant conceptual and methodological elements were systematically documented.

Data synthesis

Given the heterogeneity of study designs and conceptual approaches identified in the literature, the synthesis of results was conducted through a descriptive and narrative approach. The extracted information was organized into thematic categories that reflected how the concept of treatment prescription has been defined, structured, and applied in physiotherapy practice.

The synthesis aimed to identify recurring conceptual elements, methodological patterns, and areas where definitions or frameworks remain unclear or insufficiently developed. This approach allowed the construction of a comprehensive overview of the existing evidence while highlighting gaps that may guide future research in physiotherapy clinical practice.

Results

Study selection

The database search retrieved 27 records across PubMed (n=13), Scopus (n=7), Web of Science (n=3), PEDro (n=1), and Google Scholar (n=3). No records were retrieved from OTSeeker. An additional 10 sources were identified through other strategies, including books (n=6), book chapters (n=2), and institutional policy documents (n=2).

In total, 37 references were identified. Following the screening process based on the predefined eligibility criteria, 36 sources were excluded. Only one document met the inclusion criteria and was retained for the synthesis. This document corresponds to an institutional policy addressing physiotherapy

ISSN: 1857-7881 (Print)
e-ISSN 1857-7431 (Online)

clinical prescription. The study selection process is illustrated in the PRISMA flow diagram (Figure 1).

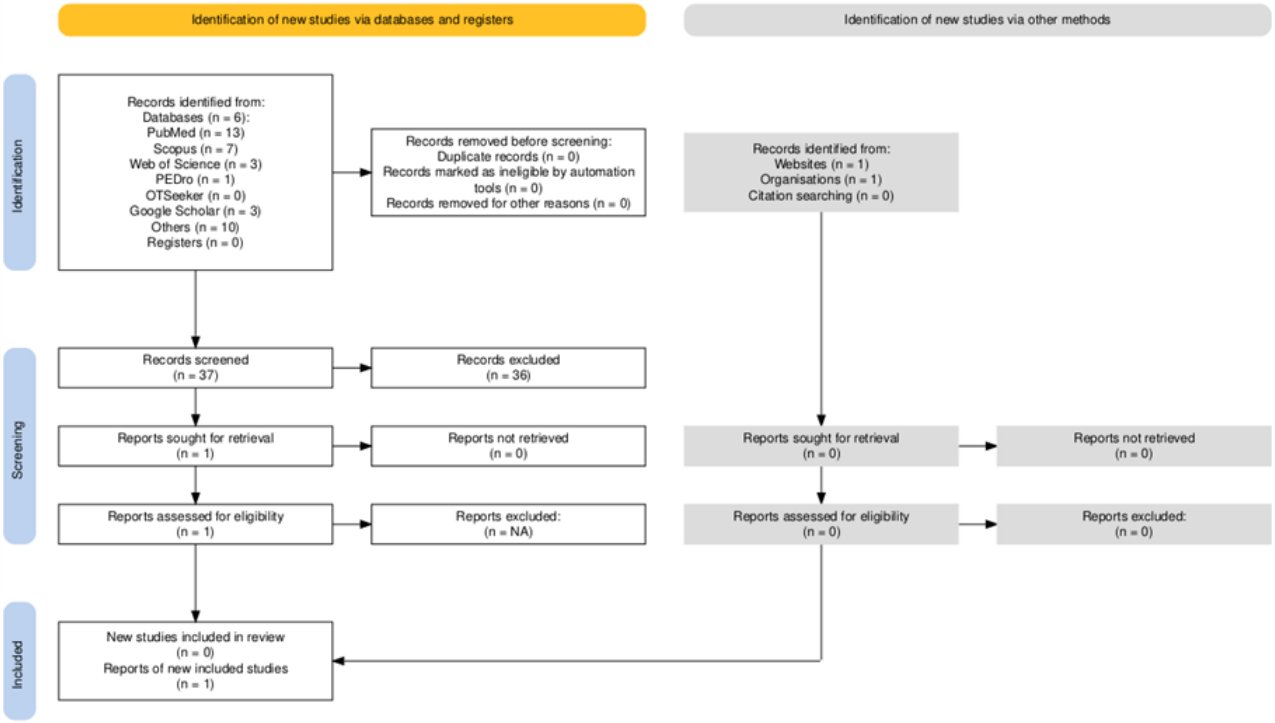

Figure 1: PRISMA flow diagram of the study selection process (Haddaway et al., 2022)

Characteristics of the included source

Among the sources identified during the review process, only one document provided an explicit definition addressing the concept of prescription in the context of physiotherapy practice. This definition was retrieved from the glossary published by World Physiotherapy, an international professional body representing the physiotherapy profession.

According to this source, the term <<prescribe>> may have several meanings in the physiotherapy context. First, in relation to clinical practice, prescribing refers to the establishment of a programme of exercises or other therapeutic activities to be carried out by the patient or client and, when appropriate, by their caregivers. Second, in a regulatory context, the term may refer to the specification of elements in legislative or regulatory frameworks governing professional practice.

Third, in a pharmacological context, prescribing refers to the written authorisation for the supply and administration of prescription-only medicines for a specific patient, a function restricted to appropriately authorised practitioners and subject to regulatory annotations in the professional register.

ISSN: 1857-7881 (Print)
e-ISSN 1857-7431 (Online)

Nevertheless, the specific operational parameters that define such prescriptions are not comprehensively detailed.

Discussion

The present scoping review sought to identify and analyse how the concept of -treatment prescription- is defined and operationalised in the physiotherapy publicationses; despite the large body of research describing physiotherapy interventions and therapeutic programmes, only one source meeting the predefined eligibility criteria was identified; this document, published by World Physiotherapy, offers a conceptual definition of prescribing in physiotherapy practice but does not provide detailed operational parameters for implementing clinical prescriptions (Worl Phisiotherapy, 2019).

This finding highlights a persistent gap between the reporting of physiotherapy interventions and the operationalisation of clinical treatment prescription. In many studies, therapeutic interventions are described in terms of general approaches or modalities, yet the specific parameters that define how those treatments should be prescribed are frequently absent or incompletely reported. Elements such as dosage, frequency, intensity, duration, progression criteria, and treatment structure are essential components of a complete prescription, as they determine how an intervention can be implemented in clinical practice or reproduced in subsequent research.

When such parameters are not explicitly reported, the translation of research findings into a practice becomes limited, and the capacity to replicate or critically evaluate therapeutic strategies is significantly reduced, then, these findings have important implications for both clinical practice and research in physiotherapy..

This operational ambiguity, clarity may also reflect a broader conceptual ambiguity surrounding the role of prescription in physiotherapy practice. Although physiotherapists routinely design and implement therapeutic programmes, the literature does not consistently articulate the methodological components that define a complete clinical practice. As a result, the processes of planning, documenting, and reproducing physiotherapy interventions remain insufficiently standardised. Addressing this gap may require the development of clearer conceptual frameworks and reporting standards that define the essential elements of physiotherapy clinical prescription.

This review has some limitations that should be acknowledged. First, the search strategy was restricted to publications in English, Spanish, and Portuguese, which may have excluded relevant sources in other languages. Second, the identification of sources providing explicit definitions of physiotherapy clinical treatment prescription was limited, reflecting either the

ISSN: 1857-7881 (Print)
e-ISSN 1857-7431 (Online)

scarcity of such definitions in the literature or variability in the terminology used to describe physiotherapy interventions. Nevertheless, the review followed a systematic and transparent search process.

Conclusions

This scoping review revealed that explicit and operational definitions of treatment prescription are rarely described in the physiotherapy literature. Although therapeutic interventions are widely reported, the parameters required to define a complete clinical prescription are seldom specified. Greater conceptual clarity and clearer reporting standards are necessary to define the methodological components of physiotherapy clinical prescription and to improve the reproducibility of physiotherapy interventions.

Acknowledgments

We thank all those involved in conducting scientific research adhering to the highest ethical standards.

Author Contributions

According to the guidelines of the International Committee of Medical Journal Editors (ICMJE):

- **G.A.:** Study protocol proposal, study design, literature review, data collection, process monitoring, data analysis and interpretation, manuscript writing, and final approval.
- **J.S.:** Student research assistant, literature review, scientific presentations, data collection, and writing research reports.

Conflict of Interest: The authors reported no conflict of interest.

Data Availability: All data are included in the content of the paper.

Funding Statement: The authors did not obtain any funding for this research.

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