PROCEDURE

Physical therapy

Physical therapy uses guided movement, exercise, and hands-on care to improve mobility and function.

PURPOSE
Improve movement, function, strength, balance, or pain-related activity

PROCEDURE TYPE
Therapeutic, using bedside or clinic-based movement and hands-on care

WHERE IT IS DONE
Outpatient clinic, hospital bedside, rehabilitation centre, or home

ANAESTHESIA
None

HOW LONG IT TAKES
Usually 30 to 60 minutes per session

PREPARATION
Wear movable clothing; bring records and mobility aids

RECOVERY
Same day; driving allowed if you can move safely

MAIN RISKS
Temporary soreness, pain flare, falls, or tissue injury

RESULTS
Progress is reviewed over several sessions

Overview

Physical therapy is treatment that helps you move and function as well as possible. It is also called physiotherapy in many countries.

A physical therapist assesses how you move, then develops a treatment plan with you. Treatment may include guided exercise, balance or walking practice, hands-on techniques, education, and changes to how you perform activities.

Physical therapy is not usually a single procedure. It often involves a series of appointments plus exercises or activity changes between sessions. Your plan should reflect your condition, goals, general health, and what matters in your daily life.

Physical therapists may work with assistants or other rehabilitation professionals. The exact

roles and professional titles differ by location.

Why the procedure is performed

Physical therapy may be offered when pain, weakness, stiffness, poor balance, or another physical limitation affects daily activities. The aim is usually to improve what you can safely do rather than simply change a test result.

Common reasons include:

The specific goals might be walking independently, returning to work, managing stairs, using an aid safely, or resuming a sport.

- Recovery after an injury, operation, illness, or hospital stay
- Joint, muscle, tendon, or back problems
- Difficulty walking, climbing stairs, working, or exercising
- Balance problems or an increased risk of falling
- Recovery after stroke, brain injury, or spinal cord injury
- Movement problems related to arthritis or a neurological condition
- Breathing, endurance, or mobility problems related to heart or lung disease
- Developmental or movement difficulties in children
- Pelvic health concerns, such as bladder leakage or pelvic pain

Who should and should not have it

Physical therapy may be appropriate if movement or function is limited and a structured rehabilitation plan could help. It can be adapted for many ages and levels of ability, including people who need treatment in bed or while seated.

It is not the right first step for every new symptom. Treatment may need to be avoided, delayed, or changed if you have an unstable fracture, a newly dislocated joint, an untreated blood clot, an uncontrolled heart or breathing problem, or a serious infection. Restrictions may also apply after an operation or when a wound has not healed enough for certain movements.

Some techniques are not suitable for everyone. Forceful joint movements, needling, electrical treatments, heat, or strenuous exercise each have their own precautions. Pregnancy, osteoporosis, implanted devices, blood-thinning medicines, poor skin sensation, or recent

surgery may affect which methods are safe.

Physical therapy should not replace urgent medical assessment for sudden weakness, a major injury, chest pain, or severe breathing difficulty.

How to prepare

The treating facility's own instructions take priority because preparation may differ according to your condition and planned treatment.

Wear loose clothing that allows the therapist to see and move the affected area. Shorts may be useful for a knee or leg problem. You may be asked to bring supportive shoes.

Bring any mobility aid you normally use, such as a cane, walker, brace, or prosthesis. A current medication list and relevant operation or imaging reports may also be helpful if the clinic does not already have them.

You can usually eat, drink, and take regular medicines normally. Physical therapy generally does not require fasting or anaesthesia. Tell the therapist about recent operations, falls, new symptoms, pregnancy, implanted devices, skin problems, and medical restrictions.

Think about one or two activities you most want to improve. This can help make the treatment plan practical and personal.

What happens during the procedure

Your first appointment usually begins with questions about your health, symptoms, daily activities, falls, work, exercise, and goals. The therapist may ask what makes movement easier or harder.

The physical assessment may include checking:

The therapist will explain their findings and propose a plan. Treatment may involve strengthening, stretching, balance training, walking practice, aerobic activity, or repeated practice of everyday movements.

Hands-on treatment may be used to move a joint or work on soft tissues such as muscles. Some therapists also use taping, braces, electrical stimulation, heat, cold, or dry needling. These are not required parts of physical therapy, and their usefulness and risks differ by condition.

You should be told what is planned and asked for consent. You can ask to pause or stop any technique. You will often receive a home exercise or activity plan.

- Joint movement and muscle strength
- Posture, coordination, and balance
- Walking, transfers, or stair use
- Sensation and reflexes
- Breathing or exercise tolerance
- How you perform a task that matters to you

Recovery and what to expect afterward

Mild muscle soreness or tiredness can occur after a new exercise session. It should usually be manageable and settle rather than steadily worsen. Tell your therapist if treatment causes sharp pain, marked swelling, or symptoms that last longer than expected.

You can normally eat and drink as usual afterward.

Follow the activity plan you were given. More exercise is not always better; doing too much too soon can aggravate symptoms. If you use heat, ice, tape, or equipment at home, follow the specific safety instructions.

Most people can drive after physical therapy because no sedative is used. Do not drive if pain, weakness, dizziness, a brace, or reduced joint movement prevents you from controlling the vehicle safely.

You can often return to work the same day. Physically demanding work may need temporary changes based on your movement, symptoms, and job duties.

Risks and possible complications

Physical therapy is generally low risk when it is matched to your health and ability. Possible problems include temporary soreness, fatigue, bruising, skin irritation from tape or electrodes, and a short-term increase in pain.

Exercise or balance practice can lead to a fall or strain if the level is too difficult. Hands-on techniques can aggravate pain or injure tissue if they are unsuitable for the condition.

Needling and other optional treatments have additional risks. For example, dry needling may cause bleeding, bruising, infection, or injury to nearby structures. Your therapist should discuss these risks before using the technique.

A treatment plan can also be ineffective. Continuing the same approach without meaningful

progress may delay another assessment or treatment. Regular review helps identify when the plan should change.

Results and follow up

The therapist can usually explain the initial assessment findings during the first appointment. Improvement from treatment is judged over time rather than from a laboratory result.

Progress may be measured through pain-related activity limits, joint movement, strength, walking distance, balance tests, or your ability to complete a specific task. Some people notice changes within a few sessions, while recovery from major injury, surgery, or neurological illness can take much longer.

Follow-up may involve regular appointments, independent exercises, or referral back to the healthcare professional who arranged treatment. If you are not improving, the therapist may adjust the exercises, reconsider the goals, or recommend further medical assessment.

Finishing therapy does not always mean every symptom has gone. It may mean that you can manage safely with an independent plan.

Alternatives

The alternatives depend on why physical therapy was offered and what you hope to regain.

Choosing no treatment is also an option in some situations. Ask what is likely to happen without therapy and whether delaying it could affect recovery.

- Self-directed exercise: More convenient and less costly, but provides less individual assessment, correction, and safety monitoring.
- Activity modification or watchful waiting: Avoids appointments, but may delay recovery and is unsuitable for worsening or serious problems.
- Pain-relieving medicine: May reduce symptoms sooner, but does not by itself restore strength, balance, or movement and can have side effects.
- Occupational therapy: Focuses more on daily tasks, hand function, equipment, and adapting your surroundings; it may complement rather than replace physical therapy.
- Supervised general exercise: Useful for fitness, but may not address a specific injury, disability, or post-operative restriction.

- Injections: May offer targeted symptom relief for selected conditions, but involve procedural risks and may not improve underlying function.
- Surgery: Can treat certain structural problems, but involves greater risks and recovery time and is not appropriate for every condition.

When to call your healthcare team

Contact your therapist or healthcare team promptly if you develop persistent swelling, worsening pain, a new inability to bear weight, increasing wound redness or drainage, or new numbness or weakness after treatment.

Seek urgent medical advice for a hot, swollen, painful leg, especially if it is new or affects one side.

Call emergency services for chest pain, severe shortness of breath, fainting, signs of stroke, or sudden loss of bladder or bowel control with new leg weakness or numbness. These are not routine effects of physical therapy.

For ordinary muscle soreness, difficulty completing exercises, or questions about your plan, contact the therapy clinic during normal hours. These concerns usually do not require emergency care.

Common questions

Will I be asleep?

No. Physical therapy does not usually involve sedation or anaesthesia. You remain awake and take an active part.

Can I drive home?

Usually, yes. Do not drive if pain, weakness, dizziness, or restricted movement makes vehicle control unsafe.

How painful is it?

You may feel effort, stretching, or mild soreness. Treatment should not require you to tolerate severe pain. Tell the therapist what you feel so the activity can be adjusted.

When will I know if it is working?

Your therapist will track changes across appointments. The timing reflects your condition, treatment goals, general health, and how consistently the plan can be followed.

What should I wear?

Wear comfortable clothing that allows movement and access to the area being assessed. Bring suitable shoes if walking or balance will be tested.

How many sessions will I need?

A minor problem may need only a small number of visits, while recovery after major illness, injury, or surgery may require longer rehabilitation. Your plan should be reviewed as you progress.

Sources

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