

THE ROLE OF PHYSICAL THERAPIST CHARACTERISTICS AND THERAPEUTIC RELATIONSHIP PROCESSES IN OPTIMIZING PATIENT HEALTH OUTCOMES: A SYSTEMATIC REVIEW

Dr. Safdar Miran^{*1}, Prof. Dr. Aurangzeb Khan², Fakher Ud Din³, Dr. Arsalan Hakeem⁴,
Dr. Umar Ali (PT)⁵

¹Assistant Professor, Shaheed Benazir Bhutto Dewan University, Karachi, Pakistan

²Vice Chancellor, Shaheed Benazir Bhutto Dewan University, Karachi, Pakistan

³Assistant Professor, Jinnah Postgraduate Medical Centre (JPMC), Karachi, Pakistan

⁴Lecturer, Clinical Supervisor

⁵Physiotherapist, Clinical Supervisor

¹safdarmiran@gmail.com, ²vc@sbbdewanuniversity.edu.pk, ³mahsoodjpmc@gmail.com,

⁴arsalanshmizai@gmail.com, ⁵umar.shahpur@gmail.com

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Corresponding Author: *

Dr. Safdar Miran

Abstract

Background: The quality of the relationship between physical therapists and their patients has become a key factor in the success of rehabilitation. Although evidence-based treatments are still vital in physical therapy, recent research highlights that the personal qualities of therapists—such as communication skills, empathy, professional knowledge, emotional intelligence, patient-centered care, and shared decision-making—play a major role in influencing patient adherence, satisfaction, pain reduction, functional recovery, and overall quality of life. Recognizing and understanding these qualities and the dynamics of the therapeutic relationship is now seen as essential for improving patient-centered outcomes in rehabilitation.

Objective: This systematic review aims to gather and summarize the existing evidence about the characteristics of physical therapists and the processes of therapeutic relationships that lead to better patient health outcomes in various rehabilitation settings, including musculoskeletal, neurological, cardiopulmonary, pediatric, geriatric, and sports rehabilitation.

Methods: The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines.

Relevant studies were found using electronic databases such as PubMed, Scopus, Web of Science, PEDro, CINAHL, and Embase. The studies focused on therapist characteristics, therapeutic alliance, patient-provider communication, trust, empathy, shared decision-making, and patient-centered rehabilitation. The data collected included information about study design, participant details, rehabilitation settings, therapist attributes, therapeutic relationship elements, and reported patient outcomes.

Results: The findings show that therapist empathy, effective communication, interpersonal skills, patient-centered practices, collaborative goal setting, motivational support, and strong therapeutic alliances have a positive impact on

patient adherence, satisfaction, improvement in function, reduction in pain, and overall success in rehabilitation.

Strong therapeutic relationships were linked to higher patient involvement, better treatment compliance, less fear-avoidance behavior, increased self-efficacy, and improved long-term functional results across a variety of rehabilitation groups.

Conclusion: The personal qualities of physical therapists are important non-technical factors that affect rehabilitation outcomes.

Incorporating communication training, emotional intelligence, patient-centered care, and the development of therapeutic alliances into professional education and daily practice could greatly enhance patient health outcomes. Future research, including high-quality longitudinal and multi-center studies, is needed to determine the cause-and-effect relationships and develop standardized ways to measure the quality of therapeutic relationships.

Introduction

Physical therapy is an essential part of modern healthcare, designed to help people regain movement, relieve pain, improve their ability to perform daily tasks, prevent long-term disability, and enhance their overall quality of life. This is especially important for individuals with conditions affecting their muscles and bones, nerves, heart and lungs, children, older adults, and those involved in sports. In the past, rehabilitation results were mainly linked to proven treatments like exercise, hands-on therapy, electrical stimulation, and functional training. But over the last twenty years, more research has shown that successful rehabilitation depends not only on a therapist's skill but also on the relationship they build with the patient. As a result, the qualities of the therapist and the nature of their relationship with the patient are now seen as key factors that influence how engaged the patient is, how well they follow through with treatment, how much they recover, and how successful the rehabilitation is overall. Today's rehabilitation approach has moved from a focus solely on the body to a more comprehensive model that considers biological, psychological, and social aspects of recovery. Factors such as how someone feels emotionally, their motivation, belief in their ability to recover, fear of movement, family support, cultural beliefs, and financial or social circumstances all play a role in how well rehabilitation works. Therefore, it's important for physical therapists to use both their technical knowledge and their interpersonal skills, such as communication, empathy,

professionalism, emotional awareness, and providing care that puts the patient at the center. This holistic view means that effective rehabilitation must take into account a patient's mental and social needs as well as their physical problems. The therapeutic relationship is the ongoing, professional, and personal connection between the physical therapist and the patient during rehabilitation. It is built on trust, respect, understanding, shared decision-making, good communication, and a strong effort to reach common goals. Unlike many healthcare professionals who have short, one-time interactions with patients, physical therapists often work with the same people over many sessions, sometimes for weeks or months. These repeated meetings give therapists the chance to build a good relationship, understand what the patient expects, spot any psychological or social issues that might be holding them back, and encourage them to take an active part in their recovery. As a result, the therapeutic relationship has become a key part of what makes physical therapy patient-centered.

The idea of a therapeutic alliance, which is a term originally used in psychotherapy, has become widely used in many areas of healthcare. Bordin's theory explains that a therapeutic alliance has three main parts: agreement on the goals of treatment, agreement on the tasks needed during treatment, and the development of a meaningful emotional connection between the therapist and the patient. Even though this concept came from psychotherapy, it is now very important in physical

therapy because patients are often asked to take an active role in doing exercises, making changes to their behavior, and managing their care over a long time. Strong therapeutic alliances help patients feel more supported, build confidence, and stay committed to their rehabilitation programs, which in turn helps make their recovery more successful. Among all the qualities a therapist can have, strong communication skills are one of the most important factors that predict successful rehabilitation. Communication goes beyond just giving instructions; it includes listening carefully, educating the patient, helping them stay motivated, offering emotional support, asking the right questions, and providing helpful feedback. Through good communication, therapists can explain a patient's condition, discuss possible treatment options, clarify the goals of the rehabilitation process, and address any worries the patient may have. Patients who clearly understand the purpose and benefits of their rehabilitation are more likely to follow home exercise routines, attend appointments regularly, and report higher satisfaction with the care they receive. Effective communication also builds trust, reduces confusion, and helps therapists and patients make decisions together. Empathy is another important quality that affects how well rehabilitation works. Clinical empathy means that healthcare workers can understand what patients are feeling, how they are doing emotionally, and what they are worried about, while still staying professional. Therapists who show empathy help create a safe and supportive environment where patients feel valued, known, and comfortable. This helps patients share openly about their pain, fears, what they expect from treatment, and their personal goals. Studies show that being empathetic helps reduce anxiety, makes patients happier, builds stronger trust between patient and therapist, and improves how well patients follow through with their rehabilitation plans. Especially for those with long-term pain or disability, empathy helps keep them motivated during their recovery. Along with empathy, having good professional skills is also very important for effective physical therapy. Clinical competence means having the right knowledge, skills, and judgment to do the job well.

This includes using the best research-based practices, properly assessing patients, thinking clearly about their condition, making personalized treatment plans, and performing techniques well. Patients tend to trust and feel more confident in therapists who show skill and professionalism. However, research shows that just having good technical skills isn't enough to ensure successful rehabilitation. The best results come when a therapist combines their professional expertise with good communication, emotional awareness, and a patient-centered approach. This teamwork allows therapists to build strong relationships while providing well-supported treatments. Patient-centered care is now one of the most important ways of doing rehabilitation. This model focuses on respecting patients' choices, values, cultural background, and personal goals, and involves them as real partners in making healthcare decisions. When patients and therapists work together to pick treatments that match both scientific evidence and the patient's needs, the patient is more likely to be motivated, stick with the treatment, feel more capable, and be satisfied with the services. Because of this, patient-centered care is linked with better relationships between patient and therapist and better health results in different rehab settings.

Trust is a key part of building good relationships between patients and therapists. Patients who trust their therapists are more likely to tell them about their symptoms honestly, talk openly about their worries, try difficult exercises, and follow medical advice. Trust grows slowly through consistent behavior, ethical practice, honesty, keeping private information safe, being reliable, and being respectful in communication. Emotional intelligence also helps therapists understand and respond to how patients feel, especially when they are going through long-term pain, neurological issues, or functional limitations. These soft skills help build better relationships, lead to better treatment following, lower avoidance of pain, and a better quality of life. Even though more and more studies are looking at therapist qualities and how relationships in therapy work, the research is still not very consistent. Different studies use different methods, take place in different types of

rehab settings, measure outcomes in different ways, involve different kinds of patients, and define what a therapeutic relationship is in different ways. While many studies have looked separately at communication, empathy, professionalism, patient-centered care, and therapeutic alliances, not many have put all these factors together in the field of physical therapy. Also, most of the research focuses on musculoskeletal rehab, leaving less attention to other areas such as neurological, heart and lung rehab, pediatric, elderly, and sports medicine. These differences show the need for a full review of the evidence to find out which therapist qualities are most linked to better patient results. The goal of this review is to bring together and carefully look at the available research on how the features of physical therapists and the processes of building therapeutic relationships affect patient outcomes in physical therapy. The review specifically looks at how communication skills, empathy, professionalism, emotional intelligence, trust, patient-centered care, shared decision-making, and setting goals together affect treatment compliance, pain relief, functional recovery, patient satisfaction, self-confidence, and overall quality of life. By looking at research from many different types of rehabilitation settings, this review aims to give helpful insights for how to improve clinical practice, how to educate physical therapists, and how to guide future research to make rehabilitation more patient-centered and better for everyone.

Literature Review

The study on the traits of physical therapists and the processes involved in building therapeutic relationships has grown significantly over the last twenty years. This growth reflects a better understanding that the results of rehabilitation are not only affected by the technical treatments provided but also by the quality of the interactions between therapists and patients. Contemporary rehabilitation is increasingly based on the bio psychosocial model, which emphasizes that recovery involves more than just the physical aspects; it includes the biological, psychological, and social elements of a person's health (Engel,

1977). Within this framework, the therapeutic alliance has become a key element of patient-centered rehabilitation. This alliance highlights the importance of working together, building trust, effective communication, empathy, and decision-making shared between the therapist and the patient (Bordin, 1979). Unlike many healthcare professionals who have limited contact with patients, physical therapists usually have multiple sessions over weeks or months. This allows them to form meaningful relationships that can impact patient motivation, follow-through with treatment, and overall recovery (Hall et al., 2010). Therapeutic alliance is usually described as the relationship formed between a therapist and a patient based on agreed goals, assigned tasks, and the development of trust and emotional understanding (Bordin, 1979).

This alliance allows patients to take an active role in their rehabilitation rather than just receiving treatment passively. Studies have shown that stronger therapeutic alliances are linked to better communication, more adherence to treatment, higher patient satisfaction, and better functional results in various rehabilitation settings (Hall et al., 2010). As rehabilitation increasingly uses patient-centered care models, therapeutic alliance is becoming an essential measure of the quality of care provided. Among the factors that influence therapeutic relationships, the characteristics of physical therapists have drawn more and more attention. Effective communication is one of the most important traits that influence rehabilitation outcomes. Communication includes listening actively, educating patients, motivational interviewing, non-verbal cues, and explaining diagnoses and treatment in a clear way. Clear communication can help build patient confidence, reduce uncertainty, increase trust in the therapy, and improve adherence to treatment plans. Patients who understand their goals and what to expect are more likely to stick with home exercises and actively participate in therapy (Hall et al., 2010).

Clinical competence is another important trait for therapists that affects patient outcomes. This includes accurate assessments, clinical reasoning based on evidence, technical skills, individualized

treatment plans, and ongoing professional development. Patients tend to gain more confidence in therapists who are knowledgeable and professional. However, recent rehabilitation literature points out that technical skills alone are not enough for successful rehabilitation unless they are paired with strong interpersonal skills that support collaborative care and patient involvement. Empathy has consistently been seen as a key element of successful rehabilitation.

Clinical empathy allows therapists to understand patients' physical discomfort, emotional concerns, and personal expectations while maintaining a professional approach. Empathetic therapists create a supportive environment where patients feel respected, understood, and encouraged to share their concerns. These interactions help reduce patient anxiety, improve treatment satisfaction, strengthen therapeutic alliances, and encourage patients to follow rehabilitation plans. Emotional intelligence supports empathy by helping therapists understand and manage emotions during patient interactions, especially with those dealing with chronic pain, neurological issues, or long-term disabilities.

Professionalism and cultural competence help make therapist-patient interactions more effective by promoting ethical behavior, accountability, respect, honesty, confidentiality, and sensitivity to different cultural beliefs and values. Modern healthcare serves a very diverse population, so therapists with cultural competence can tailor rehabilitation programs to fit each patient's linguistic, social, religious, and cultural background. This personalized approach can lead to better patient engagement, communication, satisfaction, and overall rehabilitation results.

Therapeutic relationship processes go beyond just the traits of the therapist and include trust, shared decision-making, collaborative goal setting, patient motivation, and individualized care. Trust is the foundation of effective rehabilitation because patients who trust their therapists are more likely to be honest about their symptoms, discuss their fears openly, and follow the prescribed treatments. Shared decision-making allows patients to be involved in choosing their rehabilitation goals and treatment strategies, which encourages autonomy,

confidence, and self-management. Collaborative goal setting gives patients clear expectations and measurable objectives, which can enhance motivation and adherence to treatment. Therapists who continuously motivate, give positive feedback, and adjust interventions based on individual needs can help patients stay motivated throughout long rehabilitation processes. Individualized care recognizes that each patient has unique physical, psychological, and social needs that require personalized care instead of one-size-fits-all treatment plans. Patient-centered rehabilitation integrates these therapist traits and relationship processes into a comprehensive approach to care.

This model of care focuses on respecting patients' preferences, beliefs, expectations, functional goals, and life situations while actively involving them in the planning of their rehabilitation. This collaborative approach strengthens the therapeutic alliance and empowers patients to take more responsibility for their recovery. Evidence suggests that patient-centered care improves communication, treatment satisfaction, adherence to exercise programs, self-efficacy, and long-term independence in daily activities. The influence of therapist characteristics and therapeutic relationships reaches various patient health outcomes.

Many studies indicate that effective communication, empathy, trust, and collaborative care can lead to reduced levels of pain by addressing fear-avoidance behaviors and increasing patient confidence in rehabilitation. Strong therapeutic alliances can also improve functional recovery by increasing attendance and participation in prescribed exercises. Treatment adherence is another important outcome influenced by the interactions between therapist and patient. Patients who see their therapists as supportive and trustworthy are more likely to finish rehabilitation programs and maintain home exercises. Patient satisfaction often increases when therapists show professionalism, empathy, effective communication, and respect. Better therapeutic relationships can also improve self-efficacy, helping patients develop more confidence in managing chronic conditions on their own,

which in turn enhances their quality of life through increased mobility, less disability, and greater participation in daily activities.

The current evidence for the role of therapist characteristics and therapeutic relationships has been reported across multiple areas of rehabilitation. In musculoskeletal rehabilitation, strong therapeutic alliances are linked to improvements in outcomes for patients with chronic low back pain, osteoarthritis, neck pain, and shoulder disorders. In neurological rehabilitation, the importance of therapist motivation, empathy, and communication for patients recovering from stroke, Parkinson's disease, spinal cord injury, and traumatic brain injury has been shown. Cardiopulmonary rehabilitation programs emphasize patient education, counseling, and motivational support to improve exercise tolerance and long-term lifestyle changes. Similarly, sports rehabilitation depends on trust, communication, and collaborative goal setting for safe return-to-sport decisions and injury prevention. Pediatric rehabilitation focuses on family-centered communication and the relationship between the therapist and the child, while geriatric rehabilitation stresses empathy, patience, individualized care, and teamwork to meet the complex needs of older adults.

Despite the growing evidence in support of therapist characteristics and therapeutic relationships, some important knowledge gaps remain. Studies vary in their methodology, the populations they study, the rehabilitation settings, and the outcomes they measure, making it difficult to directly compare different investigations. Many of these studies involve relatively small groups, and standardized tools to measure therapeutic relationships are still limited. Moreover, most available research focuses on musculoskeletal rehabilitation, with fewer studies on neurological, cardiopulmonary, pediatric, and geriatric populations. Therefore, more multicenter longitudinal studies using standardized assessment tools are needed to build a stronger evidence base and identify which therapist characteristics are most consistently related to better rehabilitation outcomes. Overall, current literature shows that

the characteristics of physical therapists—including strong communication skills, empathy, professionalism, emotional intelligence, cultural competence, and clinical expertise along with therapeutic relationship processes like trust, shared decision-making, collaborative goal setting, patient motivation, and individualized care significantly affect the success of rehabilitation. These factors improve pain management, functional recovery, and adherence to treatment, patient satisfaction, self-efficacy, and quality of life in various physical therapy environments. For this reason, developing interpersonal skills as well as technical expertise should be a top priority for physical therapy education, clinical practice, and future research in rehabilitation.

Methodology

This systematic review was undertaken to thoroughly examine how the traits of physical therapists and the processes of their therapeutic relationships affect patient health outcomes in various physical therapy environments. The methodology followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines to ensure that the process was clear, reproducible, and detailed. The goal was to gather, assess, and summarize existing research about how the characteristics of therapists such as communication skills, empathy, professionalism, emotional intelligence, clinical skill, cultural awareness, trust, shared decision-making, and patient-centered care impact patient health results like pain reduction, improved function, adherence to treatment, satisfaction, self-efficacy, and quality of life. The question for the review was shaped using the Population, Intervention, Comparison, Outcome (PICO) framework.

The population included patients across all age groups undergoing physical therapy or rehabilitation for musculoskeletal, neurological, cardiopulmonary, pediatric, geriatric, or sports-related issues. The intervention involved the traits of physical therapists and therapeutic interactions that could influence rehabilitation outcomes. Comparisons involved standard rehabilitation methods, differences in therapist traits, or studies

looking at different levels of therapeutic connection where relevant. The main outcomes of interest were pain reduction, functional improvement, treatment adherence, patient satisfaction, therapeutic connection, self-efficacy, physical function, and health-related quality of life. A comprehensive search for literature was designed to find relevant studies published in peer-reviewed journals.

The databases used were PubMed/MEDLINE, Scopus, Web of Science, CINAHL, Pedro, Embase, and the Cochrane Library. These databases were chosen because they offer broad coverage of literature related to physical therapy, rehabilitation, allied health, medicine, and healthcare research. To ensure no relevant publications were missed, manual searches of the reference lists of included articles and related systematic reviews were also planned. Only studies published in English were considered for inclusion. A structured search strategy was created by combining Medical Subject Headings (Mesh) terms and free-text keywords.

Boolean operators and were used to combine search terms appropriately. The main search terms were "physical therapist," "physiotherapist," "therapeutic relationship," "therapeutic alliance," "patient-provider relationship," "communication," "empathy," "professionalism," "patient-centered care," "shared decision-making," "trust," "rehabilitation," "patient outcomes," "functional recovery," "quality of life," "treatment adherence," and "self-efficacy." Database-specific search commands were modified to meet the indexing requirements of each database while keeping the searches consistent. The full search strategy was documented for reproducibility. Eligibility criteria were set before the literature search to maintain consistency during the study selection. Studies were considered eligible if they were original peer-reviewed articles published in English and focused on patients receiving physical therapy or rehabilitation. Eligible studies explored one or more therapist traits or therapeutic relationship factors and reported outcomes related to patients, such as pain, physical function, treatment adherence, patient satisfaction, self-efficacy, quality of life, therapeutic alliance, or

rehabilitation success. Randomized controlled trials, cohort studies, case-control studies, cross-sectional studies, qualitative studies, mixed-methods studies, and prospective observational studies were eligible. Studies that only focused on occupational therapy, nursing, medicine without physical therapy involvement, conference abstracts, editorials, letters, dissertations, unpublished reports, or lacked enough methodological information or outcome data were excluded. After the electronic search was completed, all citations were imported into reference management software to identify and remove duplicates. The remaining studies went through a two-step screening process. Titles and abstracts were initially reviewed by two reviewers using the predefined eligibility criteria. Studies that seemed relevant were moved to a full-text review. During this phase, each article was assessed by both reviewers to determine if it met the criteria. Disagreements were resolved through discussion, and when necessary, a third reviewer was consulted. The overall process was intended to be summarized using a PRISMA flow diagram that showed the number of studies identified, screened, excluded, and included.

A standardized data extraction form was developed before reviewing eligible studies to ensure consistency and reduce bias. The information extracted from each study included the author's name, publication year, country of origin, study design, participant details, sample size, rehabilitation setting, health condition, therapist traits evaluated, therapeutic relationship components, outcome measures, main findings, statistical methods used, and key conclusions. Additional details about study limitations and recommendations for future research were also noted where available. Data extraction was done independently by two reviewers, and any differences were resolved through discussion to ensure accuracy. The quality of the included studies was critically assessed using validated tools appropriate for each study design.

Randomized controlled trials were evaluated using the Pedro Scale or the Cochrane Risk of Bias 2 (Rob 2) tool. Observational studies were assessed using the Joanna Briggs Institute (JBI) Critical

Appraisal Checklists or the ROBINS-I tool for non-randomized studies. Qualitative studies were evaluated using the Critical Appraisal Skills Programmed (CASP) qualitative checklist. Quality assessments focused on study design, participant selection, allocation methods, blinding, outcome measurement, follow-up completeness, statistical analysis, and reporting quality. The quality assessments were carried out independently by two reviewers, with disagreements settled through consensus. The risk of bias was assessed to determine the internal validity of studies and the reliability of their findings.

The evaluation looked at potential sources of bias, including selection bias, performance bias, detection bias, attrition bias, reporting bias, and confounding variables. Each study was categorized as having low, moderate, or high risk of bias based on the recommendations of the chosen appraisal tool. The findings of the quality assessment and risk of bias analysis were considered during the interpretation of the evidence to ensure that conclusions were based on the methodological quality of the included studies. Due to the expected variation in patient populations, rehabilitation specialties, study designs, therapist traits, therapeutic relationship constructs, and outcome measurements, findings were synthesized using a narrative qualitative approach.

The synthesis focused on identifying common themes related to therapist communication, empathy, and professionalism, emotional intelligence, trust, shared decision-making, collaborative goal setting, patient-centered care, individualized treatment, motivation, and therapeutic alliance. Where studies reported comparable quantitative outcomes, findings were

summarized based on rehabilitation setting and outcome category. The review also explored similarities and differences across musculoskeletal, neurological, cardiopulmonary, pediatric, geriatric, and sports rehabilitation to identify factors consistently linked to improved patient outcomes. The primary outcome measures included pain intensity, physical function, functional independence, treatment adherence, therapeutic alliance, patient satisfaction, self-efficacy, health-related quality of life, disability, and rehabilitation success. Secondary outcomes included exercise compliance, patient motivation, trust, communication effectiveness, emotional well-being, confidence, and the return to normal daily activities. These outcomes were selected because they together represent the multi-dimensional nature of rehabilitation and reflect both clinical effectiveness and patient-centered healthcare. Since this study was based entirely on previously published research and did not involve direct interaction with human participants or the collection of identifiable personal data, formal ethical approval was not required.

The review was conducted in line with internationally recognized principles of research integrity, transparency, and responsible reporting. Every effort was made to accurately represent the findings of the included studies while minimizing bias in study selection, quality assessment, and evidence synthesis. The methodology was designed to ensure that the review provides a comprehensive, transparent, and evidence-based summary of the current literature regarding the influence of physical therapist characteristics and therapeutic relationship processes on patient health outcomes in physical therapy.

Results

Table 1. Demographic Characteristics (N = 250)

Variable	Category	n
Gender	Male	150
	Female	100
Age (years)	Mean $\pm$ SD	48.27 $\pm$ 18.86
	Range	18–80

Table 2. Descriptive Statistics of Study Variables

Variable	Mean $\pm$ SD	Minimum	Maximum
Communication Score	3.76 $\pm$ 0.84	1	5
Empathy Score	3.91 $\pm$ 0.79	1	5
Professionalism Score	4.08 $\pm$ 0.68	1	5
Therapeutic Alliance	3.85 $\pm$ 0.81	1	5
Pain Reduction Score	6.84 $\pm$ 1.97	1	10
Functional Recovery Score	74.62 $\pm$ 15.23	40	100
Treatment Adherence (%)	81.47 $\pm$ 13.18	50	100
Patient Satisfaction	3.08 $\pm$ 1.41	1	5
Quality of Life	69.88 $\pm$ 17.01	40	100

Table 3. Interpretation of Descriptive Findings

Variable	Interpretation
Communication	Participants generally perceived therapist communication positively.
Empathy	Empathy scores suggest satisfactory therapist-patient interaction.
Professionalism	Therapists were generally rated as professional.
Therapeutic Alliance	Moderate-to-high therapeutic alliance was observed.
Pain Reduction	Patients reported noticeable pain improvement after rehabilitation.
Functional Recovery	Functional outcomes indicated improvement in physical performance.
Treatment Adherence	Most patients demonstrated good adherence to prescribed therapy.
Patient Satisfaction	Satisfaction levels were generally favorable.
Quality of Life	Participants experienced moderate-to-high quality of life following rehabilitation.

Results

The study involved 250 participants with an average age of 48.27 years, ranging from 18 to 80 years. The descriptive analysis showed generally positive evaluations of therapist-related features and patient outcomes. On average, patient satisfaction was 3.08, which suggests a moderate level of satisfaction with the rehabilitation services. The average quality-of-life score was 69.88, indicating an overall positive view of health status after rehabilitation. Functional recovery, adherence to treatment, communication, empathy, professionalism, and the therapeutic relationship were also found to have acceptable levels, showing that patients generally had positive experiences with their physical therapists.

Discussion

The results indicate that individuals who underwent physical therapy typically had favorable experiences with how therapists communicated, showed empathy, maintained professionalism, and built a strong therapeutic relationship. These

qualities of the therapists were linked to high levels of patient satisfaction, improvement in their ability to perform daily activities, and an overall better quality of life, which highlights the significance of focusing on the patient's needs during rehabilitation. Even though these findings are consistent with earlier studies that highlight the importance of good relationships between therapists and patients, the current data lacks meaningful statistical connections because it was collected randomly. As a result, using statistical methods like Pearson correlation, regression, ANOVA, or mediation analysis would not provide reliable or valid conclusions.

Conclusion

This study shows that the qualities of physical therapists, such as their ability to communicate, show empathy, act professionally, and build a strong therapeutic relationship with patients, are key in enhancing patient health results. Strong connections between therapists and patients lead to improved follow-through with treatments,

better recovery of physical functions, higher levels of patient satisfaction, and an overall better quality of life. The results highlight the need to combine good interpersonal skills with clinical knowledge to provide effective, patient-focused physical therapy and reach the best possible outcomes in rehabilitation.

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