

Letter to the Editor

RAINE: A RESPONSE

I would like to thank Dr Mayston for her response to the article ‘Defining the Bobath concept using the Delphi technique’ (Raine, 2006). Although the response only touched on the findings of the study, I was pleased that it gave Dr Mayston an opportunity to present a personal view regarding the need for an ‘attitude change’ within neurophysiotherapy. My plan here is not to fuel or encourage the debate for ridding neuro-rehabilitation of the name ‘Bobath concept’ or any other ‘named approaches’, or to suggest that there should not be ongoing development of these approaches, but to clarify some of the points from my research and subsequent publication.

The Bobath concept has undergone developments over the 16 years since the final Bobath publication in 1990 which have been acknowledged by a number of authors (Partridge and de Weerd, 1995; Lennon et al., 2001; Panturin, 2001; Pomeroy and Tallis, 2002). Dr Mayston herself, in 2001, pointed out that Mrs Bobath ‘made it clear that Bobath was not a method or technique, not limiting, but fluid; was not rigid but changing and still changing’. The aim of the Delphi study was to facilitate a group of experts to define the Bobath concept as it is practised today (Raine, 2006) and identify its current theoretical underpinning (Raine, in press) in order to provide a common understanding of what the Bobath concept is today (Mayston, 2001), and offer

a foundation for research into current practice.

It was acknowledged that the results of the study only provided a snapshot of the current theoretical assumptions and recognizes that the Bobath concept is continually developing. As a consequence it is necessary, and recommended in the Conclusion, that these developments are defined and updated within the literature, so that the up-to-date practice of the Bobath concept can be represented accurately within research trials.

The experts within the study were defined and clearly met the criteria of an expert group with regard to the Bobath concept. It was acknowledged in the article that the British Bobath Tutors Association (BBTA) signifies only a small proportion of the International Bobath Instructors Training Association (IBITA) organization and that the results could not be generalized worldwide. Dr Mayston stated in her letter that belonging to an organization suggests that members would be of the same mind, which could imply that as all BBTA members are also members of IBITA their views may be representative of this wider group. However, unfortunately, as can be seen from the results of the study, although the majority of statements reached group consensus for either agreement or disagreement, a small number of statements did not. This indicates that all members of one organization do not necessarily need to be of the same mind, but can hold key beliefs which are core to the group.

The Delphi technique is an excellent tool for controlling group communications while maintaining anonymity of group members, allowing respondents to express views independent to the group. Using a preset level of consensus identified those statements that reflected the opinions of the expert group in defining the Bobath concept and its theoretical underpinning. A Delphi study using a representative sample of the IBITA membership would offer an excellent opportunity for members of the international organization to express their own personal opinions and identify group consensus regarding the future of the Bobath concept.

In her letter Mayston suggested the way forward in neuro-rehabilitation is in client-centred, holistic, scientifically based therapy. I would consider from the results of the Delphi study that these are core within the theoretical underpinning of the Bobath concept (Raine, in press).

Sue Raine

Team Lead Physiotherapist
Regional Neurological Rehabilitation
Centre
Hunters Moor
Newcastle-upon-Tyne
NE2 4NR
UK
(E-mail: sue.raine@nap.nhs.uk)

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