



**PATIENT OUTCOMES AND SERVICE DELIVERY DIFFERENCES IN
PHYSIOTHERAPY CARE: A SYSTEMATIC REVIEW COMPARING
HOSPITAL-BASED AND PRIVATE PRACTICE MODELS**

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Abstract

Physiotherapy services are an essential part of contemporary health care systems and are usually provided in hospitals or private practices. Variations in structure of organizations, service delivery systems, and clinical context among various models may impact patient outcomes and the quality of care. The objective of this study was to investigate the disparities in patient outcomes and the characteristics of physiotherapy service delivery across hospital-based and individual practice models via a systematic literature review. The review adhered to PRISMA criteria and examined peer-reviewed literature published from 2020 to 2025. A technique called thematic analysis was used to combine 27 studies that met the inclusion criteria. The results show that physiotherapy in hospitals is especially good at helping patients with complicated medical conditions, needs after surgery, and needs for care from several disciplines through controlled interventions and standard procedures. On the other hand, private practice physiotherapy has advantages in terms of service flexibility, accessibility, consistency of treatments, and higher patient satisfaction, particularly when it comes to treating chronic musculoskeletal diseases and outpatient populations. These findings indicate that hospital-based alongside private practice treatment models fulfill complementary functions within healthcare systems. Strategic insertion of both of these approaches may improve



patient outcomes, make services more efficient, and encourage physiotherapy care that is more focused on the patient.

Keywords: Hospital-Based Physiotherapy, Patient Outcomes, Private Practice, Service Delivery

INTRODUCTION

Physiotherapy is an important part of modern healthcare systems because it helps people get better, increases their ability to do things, and improves their quality of life for a wide range of medical disorders. As the population ages, chronic diseases become more common, and medical treatments get better, the need for rehabilitation services grows. This makes it even more vital to organize and supply physiotherapy services. Physiotherapy care is often provided through two primary models: hospital-based services incorporated into societal medical networks and private practice services functioning in community and outpatient environments. Even though these models are used a lot, they are very different in terms of structure, accessibility, and treatment processes. This raises critical concerns about how effective they are compared to each other and how they affect patient outcomes.

In physiotherapy, variations in delivery models are especially significant, as treatment outcomes are affected by both clinical interventions and contextual factors, including regularity of care, therapist choice, and patient participation. Research on the organization of physiotherapy services indicates that hospital-based environments typically focus on established procedures and multidisciplinary collaboration, while private practice settings prioritize flexibility and personalized treatment scheduling (Alhammad et al., 2025; Cordani et al., 2024). These structural differences imply that the environment whereby physiotherapy is administered may influence both the quality of care supplied and how results are experienced by patients.

Patient outcomes are a primary focus in the assessment of physiotherapy services; yet, current research frequently emphasizes certain conditions or therapies without directly comparing care environments. Evidence shows that institutional physiotherapy tends to be linked with favorable results in highly complicated and high-acuity instances such as recovery from surgery and patient treatment, where organized interventions and supervised clinical control are essential (Gierat-Haponiuk et al., 2025; Imaoka et al., 2025). On the other hand,



ambulatory and private-duty physiotherapy has been shown to work for treating chronic musculoskeletal diseases, where long-term commitment and individualized treatment plans are essential for improving function and reducing discomfort (Moya-Salazar et al., 2025).

In addition to effectiveness in clinical trials, consumer interaction and satisfaction have become important measures of the quality of healthcare. Studies comparing both private and public physiotherapy services have consistently shown that people are happier with private practice settings. This is frequently because they have shorter wait times, longer consultation times, and deeper therapeutic interactions (Tariq et al., 2023). These results underscore that the attributes of service delivery may profoundly affect people's views of care, irrespective of quantifiable clinical outcomes.

Despite the increasing volume of physical therapy research, there is still an absence of comprehensive analysis exploring the distinctions between hospital-based and private sector models in terms of results and service delivery features. Current research tends to be disjointed, context-dependent, or concentrated on singular aspects of care, hence constraining their applicability for system-level decision-making. This gap highlights the necessity for a thorough review that integrates research from various clinical settings to elucidate the impact of care models on physiotherapy efficacy and patient experience.

The main goal of this paper is to comprehensively look at how hospital-based as well as standalone physiotherapy models affect patient outcomes along with service delivery. The review seeks to discern patterns across healthcare results, organizational frameworks, and patient experiences, so tackling the primary research issue examined in the conclusions and discussion sections. This article aims to enhance the understanding of rehabilitation care by concentrating on comparison evidence, extending beyond just intervention-level effectiveness.

This article deliberately concentrates on peer-reviewed papers published from 2020 to 2025 to represent current physiotherapy practice. This chronological focus increases relevance, but it also limits the study because it doesn't incorporate earlier basic investigations. Furthermore, the review depends on previously published research and does not include primary information or assessments of economics, which could make it hard to draw conclusions on cost-effectiveness. This article, however, offers useful insights for professionals, policymakers, and academics aiming to enhance physiotherapy administration and patient outcomes by synthesizing recent findings across various healthcare contexts.



RESEARCH METHOD

This study employed a Systematic Literature Review (SLR) technique to examine disparities in patient outcomes and service delivery features between institutional physiotherapy programs and private practice physiotherapy models. The review followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to make sure it was clear, methodologically sound, and could be repeated. The literature search was limited to the MDPI database, concentrating on peer-reviewed journal papers published from 2020 to 2025. The inclusion criteria mandated that studies be published in English, concentrate on physiotherapy services provided in hospital or private practice environments, and report outcomes pertaining to patient health, quality of life, functional enhancement, satisfaction with services, or service delivery models. Studies that focused solely on informal contexts, educational environments, or personalized patient behavior without consideration of healthcare delivery frameworks were excluded.

The chosen papers were analyzed through a thematic synthesis methodology, facilitating the recognition of frequent trends, conceptual linkages, and practical implications associated with physiotherapy service delivery paradigms. Data extraction concentrated on study aims, methodological frameworks, clinical environments (hospital-based or private practice), the characteristics of patients, reported patient satisfaction, and service delivery attributes. This method made it possible to compare results in an organized way and helped create a unified analytical framework that shows which distinct physical activity service delivery models affect patient outcomes.

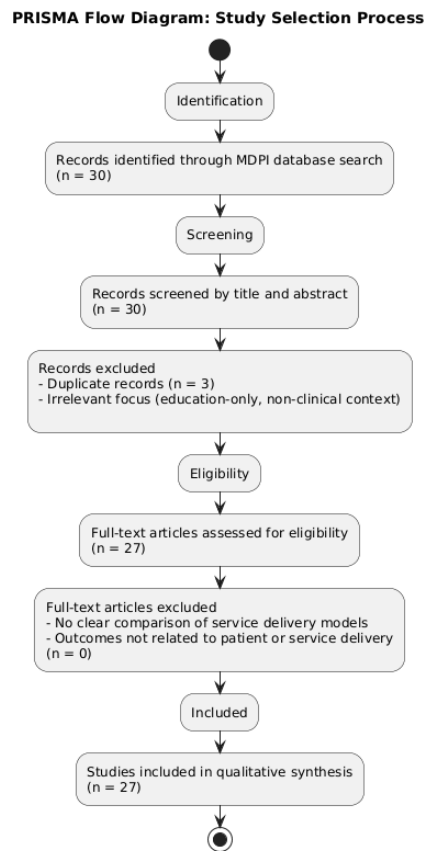
1. Identification: During the identification phase, a methodical search was performed inside the MDPI database utilizing various combinations of keywords, including physiotherapy, rehab services, hospital-based care, privately owned practices, outcome of patients, service provision, recuperation models, and patient satisfaction. The search was restricted to studies published from 2020 to 2025. This first search found 30 articles that might be useful. They show how physiotherapy care delivery has changed recently in different healthcare settings.
2. Screening: During the screening phase, the abstracts and title pages of the selected studies were evaluated for their pertinence to the study objectives. Studies that neglected to examine physiotherapy services, lacked specificity regarding treatment settings, or omitted outcome measures pertinent to recipients or the operation of services were removed. As a result, research that



just looked at theoretical hypothetical educational strategies, or isolated patient engagement without looking at how services were delivered in context were not included.

3. **Eligibility:** In the eligibility stage, the entire texts of the remaining papers were meticulously scrutinized to guarantee conceptual and contextual congruence with the study emphasis. Articles were assessed according to their specific analysis of physiotherapy services provided in hospital and/or private practice environments, together with their documentation of patient outcomes or disparities in service delivery. At this point, studies that talked about outcomes without talking about the care delivery setting or service models that didn't have anything to do with outcomes were not included.
4. **Inclusion:** After an eligibility evaluation, 27 articles were found to be appropriate and were included in the last synthesis. These studies were rigorously examined and classified into theme domains, encompassing medical results for patients, wellness happiness and quality for life, availability and consistency of care, and geographic disparities in exercise service delivery. The addition of these studies created a whole set of evidence to look at how hospital-based and private-party fitness models differ in terms of the care they give and the results for patients.

Figure 1. PRISMA Diagram Flow



RESULTS AND DISCUSSION

Study Characteristics across Hospital-Based and Private Practice Physiotherapy Settings

The studies presented show a lot of differences between study design, clinical situation, and physical therapy care settings. The majority of studies utilized quantitative observational designs, including national cross-sectional polls and prospective cohort research, while others applied qualitative approaches or systematic reviews. Studies concentrating on inpatient care, postoperative recuperation, intensive care units, and mental health wards predominantly investigated hospital-based physiotherapy settings. In contrast, private practice settings were more often linked to ambulatory muscular care and rehabilitation programs in the community (Alhammad et al., 2025; Hodgson et al., 2025; Solares-Mogollón & Cuesta-Barriuso, 2025).

The research were undertaken in a variety of places, such as the Middle East, Southern and Western Europe, East Asia, North Africa, and South America.



A significant number of publications from Saudi Arabia indicates an increasing research focus on the structure of physiotherapy services and clinical practice patterns within rapidly expanding health care sectors (Alnefaie et al., 2025; Althumali & Alzahrani, 2025; Takrouni et al., 2025). European studies, especially those from Italy and Spain, have highlighted the incorporation of therapy into primary healthcare networks and interdisciplinary pain management plans (Cordani et al., 2024; Díaz-Fernández et al., 2024).

The research included a wide range of patients, such as those with chronic pain in the mus arthritis, painful plantar fasciitis, scoliosis, following surgical diseases, ulcers from diabetes, pneumonia, and serious mental disorders. research conducted in hospitals typically included patients exhibiting greater clinical complexity and comorbidities, whereas research in private practice predominantly concentrated on ambulatory patients with chronic or subacute diseases (Imaoka et al., 2025; Tanaka et al., 2025; Moya-Salazar et al., 2025).

The range of physiotherapy therapies varied by setting. Structured, protocol-driven interventions were widely used in hospital-based care, especially for patients who were staying in the hospital or who were about to have surgery (Gierat-Haponiuk et al., 2025; Osser et al., 2025). Conversely, private practice research emphasized personalized treatment planning, adaptable session scheduling, and increased doctor independence in treatment choosing (Alhammad et al., 2025; Alnefaie et al., 2025).

In general, the different features of the research that were included make for a strong basis for comparative analysis. The differences in design, sample, and clinical context make the synthesis more valid outside of the study and allow for a meaningful look at how physiotherapy results and delivery of services differ across hospital-based and private sector models.

Comparison of Patient Clinical Outcomes between Hospital-Based and Private Practice Physiotherapy

Evidence from the examined research demonstrates the two types of in-hospital and independent practice physiotherapy positively influence patient clinical outcomes, but with variations in outcome profiles depending on the context. Studies conducted in hospitals often indicated enhancements in objective functional metrics, including accessibility, endurance for exercise, and biomechanical alignment, especially within postoperative and inpatient cohorts (Gierat-Haponiuk et al., 2025; Osser et al., 2025). Established, protocol-driven rehabilitation programs were often the reason for these advances.



Private practice physiotherapy was very effective at improving patient-reported outcomes, such as less pain, more independence, and better health-related quality of life. Research involving individuals with joint arthritis and chronic musculoskeletal pain consistently indicated clinically significant enhancements subsequent to ambulatory physiotherapy sessions (Moya-Salazar et al., 2025; Mazur-Bialy et al., 2023). Similar patterns were noted in sports-related rehabilitation settings (Raffini et al., 2024).

Long-term evaluation of outcomes was more prevalent in hospital-based research, as prolonged follow-up periods facilitated the identification of enduring clinical benefits. Studies on scoliosis management and bariatric surgery prior to surgery indicated that hospital-integrated physiotherapy programs correlated with sustained functional enhancements as time went on (Gierat-Haponiuk et al., 2025; Osser et al., 2025). These results underscore the importance of continuity and thorough surveillance in intricate clinical scenarios.

On the other hand, private practice settings seemed to help patients get better faster and make functional gains sooner, especially for those with less complicated diseases. Research on the therapy of plantar fasciitis and ankle sprains indicates that adaptable treatment strategies and regular patient-therapist interactions may expedite healing (Alnefaie et al., 2025; Althumali & Alzahrani, 2025).

The evidence collectively indicates that medical treatments are significantly influenced by patient characteristics and the setting of care. Physiotherapy at hospitals is very good at treating high-risk and complicated illnesses. Physiotherapy in private practice, on the other hand, is great at providing quick, patient-centered care for people who can walk.

Differences in Physiotherapy Service Delivery Models across Care Settings

Formal organizational frameworks, established therapeutic paths, and collaboration across different disciplines all affect how physiotherapy is delivered in hospitals. Physiotherapists employed in inpatient units, intensive care, and mental health wards generally adhere to institutional protocols and collaborate with physicians and nursing personnel (Hodgson et al., 2025; Solares-Mogollón & Cuesta-Barriuso, 2025). This strategy promotes patient safety and holistic care, although it may restrict adaptability in service provision.

Physiotherapy in private practice works on a service approach that is more independent and flexible. Therapists frequently possess direct authority over appointment scheduling, session duration, and treatment planning, facilitating prompt modifications in response to client outcomes and personal needs



(Alhammad et al., 2025; Cordani et al., 2024). This independence has been linked to better access to and continuity for care.

The use of technology makes service delivery models even more varied. Private practices were more likely to use telerehabilitation, AI-assisted exercise monitoring, and digital platforms to help with at-home recovery, particularly when dealing with the COVID-19 pandemic (Elmahgoub et al., 2025; Arrowsmith et al., 2023; Kapil et al., 2025). Hospital-based services, although progressively integrating digital tools, frequently encountered institutional and regulatory limitations that impeded implementation.

Having access to physiotherapy treatments varies significantly across different environments. Hospital-based care often entailed extended waiting periods and a focus on acute cases, whereas private practice services provided more prompt access and adaptable planning (Alhammad et al., 2025; Takrouni et al., 2025). These distinctions affect the commencement and compliance of treatment. In short, hospital-based physiotherapy focuses on safety, standardization, and coordination between different fields, and private practice models focus on making care more accessible, flexible, and tailored to each patient.

Patient Satisfaction and Experience in Hospital-Based and Private Practice Physiotherapy

Patient satisfaction surfaced as a pivotal aspect in the analyzed studies, revealing constant disparities among care settings. A study that looked at both public and private physiotherapy facilities found that patients who were treated in private practice settings were happier with their care (Tariq et al., 2023). People often said that these results were due to shorter wait times, greater number of sessions, and therapists who seemed to pay more attention to them.

Patients receiving physiotherapy in hospitals often reported satisfaction with therapeutic skill and perceived safety, especially in acute and hospitalized settings. Nevertheless, organizational limitations, such restricted session length and absence of continuity with the same therapist, were frequently identified as sources of discontent (Hodgson et al., 2025; Solares-Mogollón & Cuesta-Barriuso, 2025).

Person-centered care was recognized as a primary factor influencing patient experience in both environments. Research in mental health rehabilitation underscored that respectful communication, therapeutic relationship, and patient participation in decision-making significantly impacted satisfaction results



(Tanioka et al., 2025; Díaz-Fernández et al., 2024). These characteristics frequently surpassed the structural disparities among care models.

Private practice environments were especially favorable for cultivating enduring therapeutic connections, given that patients frequently got therapy from a single therapist over prolonged durations. This continuity promoted trust and involvement, correlating with increased satisfaction and perceived treatment efficacy (Lamper et al., 2021; Moya-Salazar et al., 2025).

Overall, it seems that how well services are delivered and how well people get along with each other have a bigger effect on patient satisfaction than clinical outcomes alone. Hospital-based physiotherapy is very important for complex care, but private practice settings often fit better with what patients want from individualized and responsive care.

Organizational and Contextual Factors Influencing Physiotherapy Care Outcomes

The setting of an organization has a big effect on physiotherapy practice and results. Hospital-based services function under intricate institutional frameworks that influence workload, resource distribution, and clinician independence. These systems help physiotherapists work together on complicated patients, but they may also make their workloads heavier and their schedules less flexible (Hodgson et al., 2025; Solares-Mogollón & Cuesta-Barriuso, 2025).

Operational and economic considerations, like how well appointments are managed, how much work is done, and how long the business can stay open, all affect private practice physiotherapy. Research on scheduling and work-related musculoskeletal problems in physiotherapists underscores the necessity of efficient organizational strategies to uphold care quality and therapist psychological health (Alhammad et al., 2025; Takrouni et al., 2025).

Following clinical practice guidelines turned out to be a key factor in determining the quality of care. In hospitals, institutional procedures often make sure that guidelines are followed. In private practice, on the other hand, adherence may depend on the training and professional development opportunities available to clinicians (Althumali & Alzahrani, 2025; Alnefaie et al., 2025).

Interdisciplinary collaboration was more prevalent in hospital-based and integrated primary care models, facilitating comprehensive management of intricate illnesses including persistent pain and childhood recovery (Lamper et al., 2021; Jacobson & Dobler, 2024). In the private sector, collaboration was usually done through referral networks instead than formal team arrangements. These



administrative and contextual elements work along with clinical procedures to affect physiotherapy results in different environments. To improve the way services are delivered and make sure that physiotherapy care meets the needs of both patients and the system as a whole, it is important to understand these interactions.

Results

This systematic review sought to evaluate outcomes for patients and service delivery features between hospitals and private-duty physiotherapy models, utilizing evidence to 27 peer-reviewed papers published from 2020 to 2025. The results show that the disparities between those two care contexts are not just about how they work, but also about how physiotherapy is given, experienced, and turned into clinical outcomes. The results indicate that success is significantly context-dependent and tightly related to patient complicated the organization's makeup, and service delivery mechanisms, rather than a single model exhibiting universal superiority.

From the point of view of patient outcomes, in-hospital physiotherapy was more likely to lead to enhancements in concrete and clinically measurable results, especially in groups of people with complicated medical needs, like postoperative patients, people who have prolonged structural conditions, and people who need hospitalization or multidisciplinary care. The organized nature of medical programs, established procedures, and access to interdisciplinary expertise seem to help people keep making progress and recover over time. These results underscore the significance of hospital-based physical rehabilitation as an essential element of care for patients exhibiting high clinical acuity or numerous comorbidities.

Private practice physiotherapy, on the other hand, was very beneficial in improving patient feedback, such as less pain, more functional independence, and a better quality of life, especially for ambulatory individuals who had chronic or minor musculoskeletal problems. The flexibility of private practice settings, like personalized treatment plans, seeing the same therapist each time, and being able to change appointment times, probably makes patients more likely to stick with their therapy and be more involved. These traits might elucidate why private practice models frequently result in expedited symptom alleviation and enhanced perceived efficacy, despite the inconsistent reporting of long-term objective follow-up data.

Variances in how services were delivered became a key reason for variances in patient outcomes. Physiotherapy in hospitals works within



established organizational hierarchies that put safety, standardization, and cooperation amongst fields first. These elements may improve clinical oversight and risk management, but they may also make it harder for therapists to respond to each patient's needs and limit their freedom to make decisions. On the other hand, private practice models put more emphasis on accessibility, efficiency, and individuality. This lets therapists change the way they help patients based on how well they are doing. These different service philosophies show how delivery methods affect not just the care procedure but also the patient's experience and results.

The results of the patient satisfaction survey show how important service delivery qualities are in physiotherapy care. In all of the research that were looked at, people were consistently happier with private practice settings because of things like reduced wait times, longer consultations, and stronger therapeutic ties. Patients in hospitals generally trust the medical staff, but they often say they are unhappy because of time limits and lack of continuity of care. These findings indicate that the patient's experience is affected less by the clinical space itself and more by the organization and delivery of treatment within that context.

Administrative and contextual factors were also very important in determining how well patients did and how well services were delivered. Institutional policies, workforce demands, and resource allocation all affect hospital-based physiotherapy. These things can help provide comprehensive care while also making the work more difficult. In private practice, efficiency of operations, appointment governance, and economic sustainability have a direct impact on the quality of treatment and the therapist's health. variances in care consistency and results are also caused by variances in how well guidelines are followed and how easy it is to get continuing professional development in different settings.

This review shows that physiotherapy models in hospitals and private practices work together to make healthcare systems better. It is important to have hospital-based services for managing complicated, high-risk, and interdisciplinary cases. On the other hand, private practice models are great for providing patient-centered treatment for chronic and independent illnesses. These results show that we need combined medical pathways that use the best parts of both models instead of seeing them as battling systems. Future policy as well as practice ought to concentrate on improving collaboration, consistency and patient-centeredness within all settings to get the best results from physiotherapy for both individuals and the system as a whole.



CONCLUSION

This systematic review shows that hospitals and independent practice physiotherapy models are extremely different in terms of patient outcomes and how services are delivered. Each model has its own strengths that are determined by the structure of the organization, the complexity of the patient, and the context of the care. Hospital-based physiotherapy is especially beneficial for patients with intricate clinical circumstances, postoperative necessities, and interdisciplinary demands, as standardized procedures and coordinated care facilitate ongoing functional recovery. On the other hand, private practice physiotherapy is better at providing patient-centered, flexible, and easy-to-get care. This leads to happier patients and substantial enhancements in pain, function, and standard of life for people with chronic conditions and those who can walk. These results show that the disparities in results are not only caused by therapeutic interventions, but also by how physiotherapist services are set up and given.

These findings have important effects on healthcare systems, legislators, and people who design physiotherapy services. This review does not see healthcare settings and privately owned physiotherapy as two different models that compete with each other. Instead, it shows how they can work together in collaborative treatment pathways. Improving patient satisfaction and service effectiveness may be possible by making it easier for hospitals and private clinics to work together. This can be done by using common referral systems, regularity of treatment mechanisms, and shared clinical guidelines. Furthermore, using patient-centered service delivery techniques prevalent within private practice, for example continuity with a similar therapist and adaptable scheduling, could enhance the patient experience in hospital-based environments. On the other hand, better integration of standardized result monitoring and collaboration between different fields could make quality controls in private practice stronger.

Based on these findings, the next steps should concentrate on enhancing physiotherapy care through systemic integration and evidence-based service design. It is advisable to conduct additional research to investigate long-term contrasting outcomes across various treatment settings utilizing standardized measures of outcome and combined approaches that encompass both effectiveness in practice and patient experience. Policymakers ought to endorse hybrid care models that integrate hospital-based knowledge with the flexibility of private practice, especially for managing chronic health conditions and the continuity of rehabilitation. In clinical practice, continuous professional development, adherence to guidelines, and the strategic implementation of



digital health technology may further improve physiotherapy outcomes across various contexts. These tactics can help make physiotherapy treatments more fair, useful, and focused on the patient as a whole.

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