



Factors That Shape How Rehabilitation Therapists Apply Evidence-Based Practices

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DESCRIPTION

In recent years, Evidence-Based Practice (EBP) has become a cornerstone of effective rehabilitation therapy. By integrating the best available research evidence with clinical expertise and patient values, therapists can provide interventions that are more likely to produce positive outcomes. Despite widespread recognition of its importance, the degree to which rehabilitation therapists engage in evidence-based practices varies widely and understanding the factors that influence this engagement is critical for improving patient care. At its core, evidence-based practice is both a mind set and a skill set. It requires therapists to critically appraise research, apply findings appropriately to individual patient situations and continuously reflect on the effectiveness of their interventions. For rehabilitation professionals, who work with diverse populations and complex conditions, this approach can significantly enhance treatment quality. However, several factors shape whether and how therapists incorporate EBP into their daily practice. One major factor is education and training. Therapists who have received formal instruction in research methods, critical appraisal and evidence-based decision-making are more likely to feel confident in applying EBP. Continuing professional development opportunities, such as workshops, seminars and online courses, reinforce these skills and keep therapists updated on the latest research findings. Conversely, limited exposure to these educational experiences can lead to uncertainty or reliance on traditional practices, even when they may not be supported by current evidence.

Workplace culture and organizational support also play a pivotal role. In clinical settings where managers encourage questioning, discussion and the use of current research,

therapists are more likely to integrate EBP. Access to resources such as scientific journals, online databases and time allocated for research activities further facilitates engagement. In contrast, environments where workload pressures are high, resources are scarce or scepticism toward research exists may hinder EBP adoption. A supportive culture not only provides the tools needed but also fosters an attitude that values continual learning and improvement. Therapists' personal attitudes and beliefs are another influential factor. Some may view EBP as a rigid, academic exercise disconnected from practical clinical work, while others perceive it as essential for improving patient outcomes. Motivation, curiosity and openness to change can significantly enhance engagement. Similarly, self-efficacy belief in one's ability to interpret and apply evidence can determine whether therapists confidently incorporate research into practice or shy away from unfamiliar interventions.

Patient characteristics and expectations cannot be overlooked. Rehabilitation often requires tailoring interventions to individual needs, goals and preferences. Therapists must balance scientific evidence with patient-centered care, considering factors such as age, comorbidities, cultural background and personal preferences. Therapists who effectively navigate this balance are more successful in applying EBP in a meaningful and ethical way, while those who struggle may either over-rely on guidelines or underutilize research altogether. Time constraints and workload pressures are practical realities that strongly influence EBP engagement. The process of locating, evaluating and applying research findings is time-consuming. Therapists managing large caseloads or administrative responsibilities may find it challenging to dedicate sufficient time to evidence-based activities. Institutions that

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acknowledge these challenges and provide protected time for research, reflection and professional development create conditions that make EBP more feasible.

Finally, inter professional collaboration can enhance the application of evidence-based practices. Rehabilitation often involves multidisciplinary teams, including physiotherapists, occupational therapists, speech and language therapists and other healthcare professionals. Open communication and shared decision-making allow team members to pool knowledge, discuss recent research and support each other in translating evidence into practice. Collaboration not only improves patient outcomes but also reinforces a culture of learning and innovation. Understanding these factors is not merely an academic exercise it has real implications for patient care. By identifying barriers and enablers to EBP, educators, managers and policymakers can design strategies to foster greater engagement. Examples include targeted training programs, mentoring systems, provision of resources, workload adjustments and promotion of a culture that values research and reflection. These interventions ultimately benefit patients, as therapy decisions are more likely to be informed by high-quality evidence, tailored to individual needs and delivered consistently across clinical settings

CONCLUSION

The factors shaping how rehabilitation therapists apply evidence-based practices are multifaceted, encompassing education organizational culture, personal attitudes, patient considerations, practical constraints and collaborative dynamics. By understanding and addressing these influences, the rehabilitation profession can move toward more consistent and effective implementation of evidence-based practices. This, in turn, ensures that patients receive care that is not only compassionate and individualized but also grounded in the best available evidence a goal that lies at the heart of modern rehabilitation therapy.