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Overview of Diagnoses and Actions in Physiotherapy Polyclinic Patients at RSUD dr. H. Andi Abdurrahman Noor Tanah Bumbu

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Abstract

This study aims to provide an overview of the distribution of diagnoses and physiotherapy actions based on patient medical record data at the Physiotherapy Poly at RSUD dr. H. Andi Abdurrahman Noor Tanah Bumbu for the period January 2025. This study used descriptive quantitative method with retrospective approach and total sampling technique on 614 patients' medical record data. The results showed that the majority of patients were female as much as 56.51% and were in the age range of 36-55 years as much as 43.65%. There are 45 types of diagnoses with a total of 741 cases, the three most common diagnoses found are Osteoarthritis (23.89%), Low Back Pain (9.04%) and Hemiparese Sinistra (8.23%). Physiotherapy actions provided include exercise therapy (49.24%), TENS (23.19%), Infrared (12.56%), short wave diathermy (12.06%), injection (1.85%), Ultrasound (0.76%), and massage (0.34%). The results of this study provide an overview of the pattern of physiotherapy diagnosis and intervention, so that it can be used as a data-based reference to improve the effectiveness and quality of physiotherapy services in similar facilities.

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INTRODUCTION

Physiotherapy services are an important part of the health care system in hospitals that aims to help patients restore physical function due to injury, disease or other disorders. Good quality physiotherapy services will have a direct impact on improving the quality of life of patients through the selection of therapeutic methods that are in accordance with their medical conditions (Annisa Khalifatul Husna and Nungki Marliyani, 2024).

Globally, the need for physiotherapy services continues to increase. WHO data shows that in 2019, around 1.6 billion people in the world required interventions such as physiotherapy, mainly due to musculoskeletal disorders, stroke and other chronic conditions. Of these, musculoskeletal disorders were recorded as the most dominant, with more than 1.71 billion cases globally. Low back pain is the most common complaint, affecting around 632 million people, followed by osteoarthritis with around 250 million cases (Chairunnisa *et al.*, 2024).

In Indonesia, the 2018 Riskesdas data recorded the prevalence of musculoskeletal disorders at 11.9% based on medical diagnosis and 24.7% based on complaints. This condition is one of the main causes of the decline in the quality of life of people of productive age and the elderly. Meanwhile, local data in South Kalimantan shows that the use of therapies such as electrotherapy, exercise therapy, and manual therapy is quite common, but documentation regarding the relationship between the patient's diagnosis and the type of treatment provided is limited (Sari *et al.*, 2022).

One of the crucial aspects in physiotherapy is the accuracy of diagnosis and appropriateness of therapeutic measures. An accurate diagnosis will determine the optimal choice of therapy and speed up the recovery process. Conversely, misdiagnosis can lead to inappropriate therapeutic measures, prolong the duration of recovery, and even increase the risk of complications (Ariani, 2023).

However, in practice, there is still a lack of in-depth and structured information on the patterns of diagnosis and physiotherapy interventions provided in health care facilities. Data on the types of disorders that are most commonly treated and the most widely used therapies are generally not thoroughly documented. This makes it difficult to evaluate service quality and develop evidence-based treatment standards (Herliyana, Rahman and Ganesha, 2021).

This data gap is the main concern in this study, which is the unavailability of comprehensive descriptive information related to the distribution of diagnoses and types of physiotherapy actions based on medical record data. In fact, the availability of this kind of data is very important to understand the tendency of cases and the effectiveness of the therapeutic approach applied (Lumbantobing, Siagian and Silangit, 2020).

Based on research conducted by Herliyana et al (2021), one of the obstacles in physiotherapy services in hospitals is the absence of systematic documentation that shows the relationship between the type of diagnosis and the physiotherapy actions provided. This causes a lack of description of the therapy patterns used in each physiotherapy disorder (Herliyana, Rahman and Ganesha, 2021).

The high need for physiotherapy at the global, national and regional levels is not matched by the availability of descriptive data showing the distribution of diagnoses and

actions in health facilities. Therefore, a study is needed that specifically maps this pattern so that it can be the basis for targeted service improvement. The lack of similar publications at the regional level, especially in the South Kalimantan region, further shows that this aspect has not received much attention as an object of scientific study, even though it has the potential to support the evaluation and development of the quality of physiotherapy services (Arovah, 2021).

As a referral hospital in Tanah Bumbu region, South Kalimantan. RSUD dr. H. Andi Abdurrahman Noor has an important role in providing structured and representative physiotherapy service data. Therefore, this study aims to present a descriptive picture of the types of diagnoses and physiotherapy treatments performed at the Physiotherapy Polyclinic of RSUD dr. H. Andi Abdurrahman Noor Tanah Bumbu. The results of this study are expected to provide an overview of the trend of physiotherapy diseases and their actions, as well as the pattern of actions given for each diagnosis.

METHODS

This research is a quantitative descriptive study with a retrospective approach that aims to describe the types of diagnosis and physiotherapy actions based on medical record data at the Physiotherapy Polyclinic of Dr. H. Andi Abdurrahman Noor Hospital, Tanah Bumbu. The population in this study were all patient medical records in the period January 2025. The sample was taken using total sampling technique with a total sample size of 614 patient medical records. The data in this study were collected through analysis of patient medical records in the period January 2025.

RESULT

This study was based on the medical record data of patients who underwent treatment at the Physiotherapy Polyclinic of RSUD dr. H. Andi Abdurrahman Noor Tanah Bumbu in January 2025 with a total of 614 medical record data collected. This data was used to describe the characteristics of the study subjects based on gender and age as shown in Tables 1 and 2.

Table 1. Characteristics of Respondents Based on Gender

Gender	Total	Percentage
Male	267	43.49%
Female	347	56.51%
Total	**614**	**100%**

Table 2. Characteristics of Respondents Based on Age

Age	Total	Percentage
0-5 years	31	5.05%
6-12 years	8	1.3%
13-17 years	13	2.12%
18-35 years	71	11.56%
36-55 years	268	43.65%
56-65 years	154	25.08%
>65 years	69	11.24%
Total	**614**	**100%**

Based on Table 1, it is known that the majority of patients who underwent treatment at the Physiotherapy Polyclinic of RSUD dr. H. Andi Abdurrahman Noor Tanah Bumbu in January 2025 were female, as many as 347 people (56.51%). Meanwhile, the number of male patients was 267 people (43.49%). This shows that female patients' visits to the physiotherapy polyclinic were higher than male patients in that period.

As in Table 2, the age distribution of patients shows that the age group 36-55 years is

the largest, as many as 268 people (43.65%), followed by the age group 56-65 years as many as 154 people (25.08%). The elderly age group (>65 years old) was also recorded quite high, totaling 69 people (11.24%). In contrast, patients from the pediatric age group were relatively fewer, with the highest number at the age of 0-5 years as many as 31 people (5.05%). This data shows that physiotherapy patients are dominated by adults to the elderly who potentially have problems with the movement system or skeletal muscles.

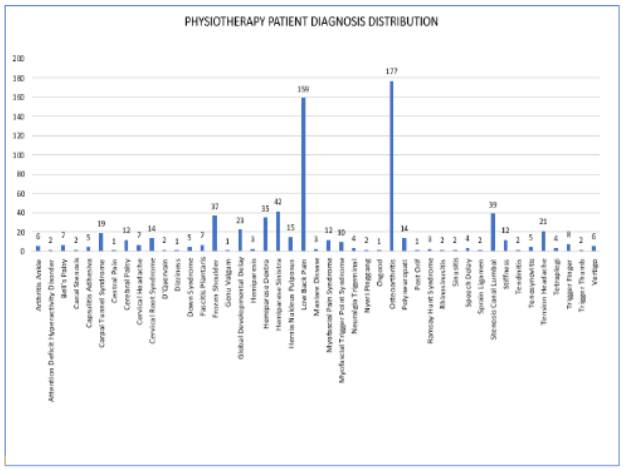

Fig 1. Distribution of Physiotherapy Patient Diagnoses

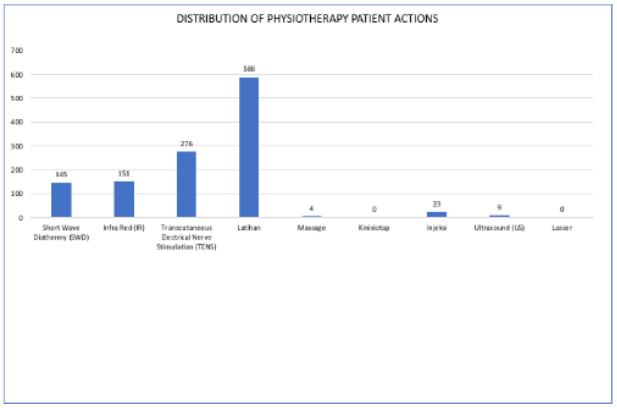

Fig 1. Physiotherapy Patient Action Distribution

Based on Figure 1, data on the distribution of types of physiotherapy patient diagnoses, there were 741 diagnoses divided into various types of disorders and medical conditions. The most common types of diagnosis are Osteoarthritis as many as 177 cases (23.89%), Low Back Pain as many as 159 cases (21.46%) and Hemiparese Sinistra as many as 42 cases (5.67%). These three diagnoses occupied the largest proportion of all physiotherapy patients. The diagnosis of Hemiparesis Dextra (4.72%), Hemiparesis Sinistra (4.45%), and Frozen Shoulder (4.99%) also showed a significant amount.

Based on Table 4, the most common type of physiotherapy treatment was excercise therapy, which was performed 588 times (49.24%). Furthermore, Transcutaneous Electrical Nerve Stimulation was recorded 276 times (23.19%), Infra Red 151 times (12.56%), and Short Wave Diathermy 145 times (12.06%). Measures such as massage, ultrasound, and injection were performed in smaller numbers, while kinesiotaping and laser were not recorded during the observation period. These results indicate that physiotherapy treatment focused more on active exercise and non-invasive pain management modalities.

DISCUSSION

The dominant use of exercise and non-invasive pain therapy reflects the basic principles of physiotherapy itself. Physiotherapy is a form of health service that aims to restore, maintain and improve the movement function and quality of life of patients who experience disorders due to injury, disease or certain conditions. The approach used is non-pharmacological, through physical exercise, manual therapy, and the use of physical modalities such as heat, electricity, and light. Physiotherapy has an important role in the rehabilitation process, both preventively, curatively, and promotively (Fai'zah and Lestari, 2017).

Physiotherapy interventions are based on the results of a physiotherapy diagnosis, which is an assessment process carried out by a physiotherapist to identify functional impairments, activity limitations and barriers to patient participation. This diagnosis does not focus on the disease medically, but rather on the functional aspects of the body that are impaired. Through history taking, physical examination and motion evaluation, the physiotherapist determines the diagnosis which is the basis for developing an appropriate therapy program (Suharti, Sunandi and Abdullah, 2018).

Based on the diagnosis, the physiotherapist will determine physiotherapy actions that are in accordance with the patient's condition and needs. These actions include therapeutic exercises, the use of modalities such as Transcutaneous Electrical Nerve Stimulation, Short Wave Diatherm, Infra Red, manual therapy, and education. The purpose of this action is to reduce pain, increase functional capacity, improve posture and movement, and prevent further complications. In its implementation, the characteristics of patients who receive physiotherapy actions are also an important factor that needs to be considered, one of which is based on gender.

The results of this study show that patients are dominated by women compared to men. This is in line with research conducted by Fai'zah and Lestari (2017), which states that women tend to be more active in seeking health services, including rehabilitation services such as physiotherapy. Women are known to have higher health awareness than men, and are more responsive to symptoms of pain and functional disorders (Fai'zah and Lestari, 2017).

In addition, women are more likely to experience certain musculoskeletal conditions, such as low back pain, osteoarthritis, and osteoporosis which are common cases that require physiotherapy. Hormonal factors and the anatomical structure of the body can also be the cause of the high incidence of movement system disorders in women (Fai'zah and Lestari, 2017).

In terms of gender, the characteristics of the subjects of this study were also analyzed based on the age range. The distribution of age characteristics showed that the 36-55 years age group was the largest group undergoing physiotherapy, as many as 268 people (43.65%). In addition, the age group of 56-65 years was 154 people (25.08%) and the age group of 18-35 years was 71 people (11.56%).

The dominance of the adult to elderly age group shows that the risk of musculoskeletal system disorders and chronic pain tends to increase with age, especially in late productive age and old age. This is due to a decrease in muscle and joint function, as well as degenerative changes in the body structure that generally begin to occur after the age of 35 years. This finding is in line with research conducted by Helmina et al. (2019), which states that there is a relationship between age and musculoskeletal complaints. This is because individuals over the age of 30 are more prone to muscle disorders, along with decreased muscle function and strength due to the aging process. Muscle complaints generally start to appear at around 35 years of age and tend to increase with age (Helmina, Diani and Hafifah, 2019).

This condition is also reflected in the findings of diagnosis data, where several musculoskeletal and neurological disorders dominate the types of cases treated in physiotherapy services. Based on Table 3, from a total of 741 cases with 45 categories of

physiotherapy patient diagnoses, this study focuses on three diagnoses with the highest percentage. The diagnoses with the highest percentage are Osteoarthritis (OA), Low Back Pain (LBP) and Hemiparese Sinistra.

The diagnosis with the highest number is Osteoarthritis as many as 177 cases or 23.89% of the total data. Osteoarthritis (OA) is the most common musculoskeletal disease and causes functional decline and decreased quality of life for patients. In the Global Burden of Diasease in 2010, knee and hip OA ranked 11th as the most common cause of disability globally. By 2050, it is estimated that 15% of 20% of the world's population over the age of 60 will experience osteoarthritis symptoms (Swastini *et al.*, 2022).

Osteoarthritis is characterized by loss or failure of functional and/or biochemical integrity of the joint. The clinical symptoms of OA are joint stiffness, joint pain and joint dysfunction, but the main problem for most patients is joint pain. There are no pain receptors in the cartilage, the origin of pain in the joint is thought to be due to stimulation of delta A mechanoreceptors and polymodal C nerve endings in the synovium and surrounding tissues. However, some of the pain experienced in and around the joint is called transfer pain or sympathetic efferent pain (Swastini *et al.*, 2022)

The exact cause of OA is unknown. Some studies say the cause of osteoarthritis is multifactorial. The main risk factors for OA are age, female gender, obesity, physical activity, genetic factors, race, joint trauma, and chondrocalcinosis. Lack of movement, obesity and metabolic diseases such as diabetes can aggravate OA (Dhaifullah et al., 2023). This is in line with the research of Nafi'ah et al (2023) which states that Osteoarthritis is one of the most common musculoskeletal complaints found in physiotherapy services, especially in the age group in the elderly (> 65 years) (St. Nur Ashilah Nafi'ah *et al.*, 2023).

Based on the treatment given to OA patients at the Physiotherapy Polyclinic of RSUD dr. H. Andi Abdurrahman Noor Tanah Bumbu, there was a tendency to use non-invasive interventions as the main approach. The most common type of action given was exercise therapy at 48.69%, followed by TENS (42.27%), injection (6.62%), short wave diathermy (4.37%), and infrared (2.04%). The dominance of exercise and TENS action reflects a physiotherapy approach that aims to reduce pain, increase joint mobility, and strengthen joint supporting muscles (Hidayani *et al.*, 2024).

These results show that non-pharmacological therapy is a major component in the management of OA in physiotherapy facilities, in line with clinical guidelines that suggest a combination of patient education, physical exercise, and electrotherapy modalities in the management of OA (Hidayani *et al.*, 2024).

The second most common diagnosis was Low Back Pain (LBP), with a total of 159 cases or 21.46%. Low back pain (LBP) is pain felt in the lower back area in the lower lumbar invertebral disc area L4-L5 and L5-S, accompanied by pain radiating to the heel of the foot. This condition predominantly occurs due to prolonged sitting and the wrong position, causing stiff back muscles that can damage the surrounding tissue (Simanjuntak, Silitonga and Aryani, 2020).

Based on WHO reports, low back pain is a health problem that is often found in the community. About 70-80% of the population of developed countries experience low back pain and 15-45% as sufferers and 1:20 are treated

with acute attacks with the range experiencing is the age of 35-55 years (Simanjuntak, Silitonga and Aryani, 2020).

Based on the results of research conducted by Kaur (2016), LBP complaints occurred in 68.6% of workers, especially for farmers. This is because the posture at work causes excessive pressure on the lumbar spine, especially when doing bending activities, lifting heavy loads, and maintaining work positions for a long time. These activities cause mechanical stress on the musculoskeletal structures of the lower back, which over time can trigger pain and impaired function (Kaur, 2016).

The physiotherapy treatments given to LBP patients at the Physiotherapy clinic of RSUD dr. H. Andi Abdurrahman Noor Tanah Bumbu included exercise therapy (49.52%), TENS (31.95%), short wave diathermy (14.7%), infrared (2.88%), and injection (0.96%). This data suggests that a rehabilitative approach combining physical exercise and electrotherapy is the main strategy in LBP management. Exercise therapy is the most dominant intervention as it aims to strengthen back muscles, improve posture, and increase body stability. Meanwhile, TENS and SWD are used to help relieve pain through nerve stimulation and deep tissue heating. These modalities are considered effective in accelerating the recovery process and reducing dependence on pharmacological treatment. With the combination of these approaches, physiotherapy services are able to make a significant contribution in improving the functional quality of life of LBP patients (Mustofa, Priatna and Maratis, 2024).

The third most common diagnosis was Hemiparese Sinistra (HPS), as many as 42 cases or 5.67%. HPS is a common post-stroke weakness on the left side of the body that requires intensive physiotherapy in the rehabilitation process. Hemiparesis is a clinical syndrome that has a sudden onset, rapid progressive, in the form of focal neurological deficits that last 24 hours or more or immediately cause death, and is solely caused by non-traumatic cerebral circulatory disorders (Wahid, Sampe and Langitan, 2019).

Hemiparesis is a complication that often occurs after a stroke. It was found that 70-80% of patients affected by stroke experienced hemiparesis. About 20% of stroke patients will experience improved motor function, but the recovery of patients who experience hemiparesis varies and more than 50% experience sequelae of motor function (Wahid, Sampe and Langitan, 2019).

The 2013 Riskesdas results show that the prevalence of stroke in Indonesia has increased with age. The high incidence of hemiparesis, which is one of the common complications of stroke, contributes to the increasing number of patients with neurological disorders in the community (Halim, Gesal and Sengkey, 2016).

In Manado City, especially in the Medical Rehabilitation Installation of Prof. Dr. R. D. Kandou Hospital, hemiparesis was recorded as the most common diagnosis in 2011 with 211 new cases. In 2013, hemiparesis was the second most common diagnosis with a percentage of 27% of total patient visits, and again became the most dominant diagnosis in 2016 with a total of 1,890 cases. The data shows a significant and consistent increasing trend from year to year, which indicates the need for more attention in the treatment and rehabilitation of post-stroke patients, especially those with hemiparesis (Halim, Gesal and Sengkey, 2016).

In HPS patients at the Physiotherapy Polyclinic of RSUD dr. H. Andi Abdurrahman Noor Tanah Bumbu, exercise therapy (49.38%) was the most common treatment given, followed by infrared therapy (42.21%), TENS (6.17%), SWD (1.23%), and injection (0.96%). The dominance of exercise therapy emphasizes the importance of a restorative approach to the patient's motor strength and function, while the use of modalities such as IR and TENS is aimed at reducing pain and improving blood circulation in the affected body area (Maljuliani, Harun and Fitri, 2023).

Based on data on the distribution of physiotherapy actions against 1,196 total actions, the most widely used type of intervention is exercise therapy with a frequency of 588 times (49.24%). Exercise is the main pillar in physiotherapy which aims to improve muscle strength, flexibility, joint stability and overall movement function. This intervention is recommended in various diagnoses such as osteoarthritis (OA), low back pain (LBP), frozen shoulder, and post-stroke patients such as hemiparesis (St. Nur Ashilah Nafi'ah *et al.*, 2023).

Therapeutic exercise not only accelerates recovery of function, but also plays a role in preventing recurrence and forming more efficient movement patterns in the long term. This is in line with research by Kurniawati et al. (2023), who found that exercise therapy was the most dominant intervention method in the management of low back pain in physiotherapy services of regional public hospitals in Indonesia (Kurniawati, Wijianto and Anwar, 2023).

The action that ranks second is Transcutaneous Electrical Nerve Stimulation (TENS) with a total of 276 actions (23.19%). Transcutaneous Electrical Nerve Stimulation (TENS) is a form of non-pharmacological physiotherapy intervention that is commonly used in pain management in various medical conditions. TENS works by delivering electrical impulses through electrodes placed on the surface of the patient's skin. These electrical impulses serve to block the transmission of pain impulses to the brain, so that the pain sensation felt by the patient will be reduced. In addition, the use of TENS with low frequency can stimulate the body to produce endorphins, which are natural hormones that function as analgesics. This hormone increases relaxation and physiologically helps reduce pain perception (SatriyaPranata, Nugroho and Sujianto, 2016).

This modality is often given to patients with pain complaints such as LBP, myofascial pain syndrome, and frozen shoulder. The widespread use of TENS is supported by research Pranata et al. (2016) which states that TENS is a nonpharmacological therapy that is effective in reducing pain in acute and chronic musculoskeletal cases. TENS is the most selected intervention for chronic pain management in physiotherapy patients in primary health care (Satriya Pranata, Nugroho and Sujianto, 2016).

Furthermore, infrared therapy (Infra Red /IR) was used 151 times (12.56%). This therapy works by providing heat energy to body tissues through infrared radiation which stimulates vasodilation, increases local metabolism, and helps muscle relaxation. IR therapy is widely used in patients with a diagnosis of tendinitis, myalgia, and adhesival capsulitis (Afitha and Wulandari, 2021). This is in line with the results of research by Loi et al (2025), who reported that infrared therapy significantly reduced pain in patients with soft tissue injuries (Loi, Zulkarnain and Sutandra, 2025).

The fourth most used treatment was Short Wave Diathermy (SWD), 145 times (12.06%). SWD is a deep tissue heating modality that uses high frequency waves to produce therapeutic heat. SWD has physiological effects such as increasing blood flow, reducing muscle spasm, and accelerating tissue metabolism, so it is often used for conditions of OA, LBP, and soft tissue inflammation (Annisa Khalifatul Husna and Nungki Marliyani, 2024).

This is in line with research conducted by Mukholladdun et al (2024), which states that SWD is effective in managing chronic pain and accelerating the process of tissue reparation through a deep and evenly distributed thermal effect (Mukholladuun, Nugraha and Nurhayati, 2024).

The fifth action, injection, was recorded 23 times (1.85%) in the collaboration of medical and physiotherapy interventions. Although not a direct physiotherapeutic action, injection is often given to patients with severe local inflammation, such as bursitis, tendinitis, or capsulitis to facilitate the effectiveness of physical therapy. In addition, injections are also widely given to patients with osteoarthritis (OA), especially in the knee joint to reduce significant pain and inflammation before continuing the rehabilitation program. The injected drug is usually a corticosteroid or local anesthetic (Yassin *et al.*, 2020).

The mechanism of action of corticosteroid injection is to inhibit the inflammatory pathway through inhibition of the phospholipase A2 enzyme which then decreases the production of inflammatory mediators such as prostaglandins and leukotrienes. This leads to a decrease in pain, swelling, and joint stiffness, so that patients can participate in exercise sessions and other physiotherapy modalities more comfortably and effectively. These results are in line with research conducted by Siahaan and Suryawijaya (2020), which states that corticosteroid injection is one of the main supporting therapies in musculoskeletal rehabilitation, especially in cases of chronic inflammation such as osteoarthritis (Yassin *et al.*, 2020).

Meanwhile, Ultrasound (US) was used 9 times (0.76%). This therapy utilizes high-frequency sound waves transmitted through body tissues with the help of conductive gel, aiming to stimulate the tissue healing process through thermal and mechanical effects. The thermal effect of US increases the temperature of deep tissues, improves local blood flow, and increases cellular metabolism that supports the tissue regeneration process. The mechanical effects, such as cavitation and acoustic streaming, help to increase cell membrane permeability, accelerate the healing process and reduce edema. US is widely recommended in diagnoses such as tendinitis, muscle strains and trigger points due to its ability to reduce pain and improve tissue flexibility. Therapeutic Ultra Sound therapy can promote soft tissue regeneration and reduce pain due to micro-inflammation of tendons or ligaments (Arif, Putranto and Siddik, 2021).

Massage as a manual technique to improve circulation and muscle relaxation, was only used 4 times (0.34%). Despite its minimal use, it has significant therapeutic effects, especially in patients diagnosed with Bell's palsy. In this condition, massage is used to stimulate facial muscles that have paresis or weakness, as well as help reduce muscle stiffness and improve symmetry of facial movements. This therapy is usually used as a complementary intervention to prepare tissues for facial exercises or other stimulation therapies (Fitriani *et al.*, 2022).

Research by Pratiwi et al. (2021) showed that massage therapy is effective in reducing muscle tension, improving local blood flow, and increasing relaxation in patients with neuromuscular disorders such as Bell's palsy (Pratiwi, Kalina and Rahman, 2021).

Kinesiotaping and laser were recorded as not being used in this data (0%). However, both of these interventions are part of physiotherapy modalities that have been widely used in various clinical cases based on the literature. Kinesiotaping is a therapeutic technique using a special elastic band applied to the surface of the skin with the aim of providing support to muscles or joints without restricting movement. The mechanism of action of kinesiotaping includes stimulation of skin mechanical receptors, increased lymphatic circulation, and pressure reduction on painful areas through the lifting skin effect mechanism. This therapy is often applied to conditions such as low back pain, patellofemoral pain syndrome, ankle sprain, and neuromuscular disorders such as post-stroke hemiparesis. Research by Anwar et al (2019) states that kinesiotaping effectively reduces pain and improves function in patients with low back pain (Anwar, Warongan and Rayasari, 2020).

Meanwhile, laser therapy (Low-Level Laser Therapy/LLLT) is a non-invasive intervention that uses low-wavelength light to stimulate biological processes in the tissue. The mechanism of action includes increased ATP production in the mitochondria, stimulation of fibroblast cell proliferation, and anti-inflammatory effects that help accelerate soft tissue regeneration and reduce pain and inflammation. Laser therapy is often used in cases of tendinitis, epicondylitis, plantar fasciitis, soft tissue injuries, and peripheral neuropathy. Studies by Anggoro and Wulandari et al. (2019) showed that laser therapy is effective in accelerating soft tissue wound healing and reducing pain intensity in musculoskeletal patients (Anggoro and Wulandari, 2019).

CONCLUSION

This study provides a comprehensive picture of the distribution pattern of physiotherapy diagnosis and treatment for patients at the Physiotherapy Polyclinic of RSUD dr. H. Andi Abdurrahman Noor Tanah Bumbu during January 2025. The majority of patients were female and in the age group of 36-55 years, which reflects the high need for physiotherapy in the late productive age population to the elderly. The most common diagnoses were Osteoarthritis, Low Back Pain, and Hemiparese Sinistra. Meanwhile, the most widely used interventions included exercise therapy, TENS, Infrared, and Short Wave Diathermy. These findings emphasize the importance of accurate diagnosis and appropriate therapy selection to improve the effectiveness of physiotherapy services. The results of this study are expected to be the basis for the development of data-based physiotherapy service policies and support the improvement of efficiency and quality of services in similar health facilities.

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