



Original Article

"Kalayaan sa Galaw": Assessing the Need and Impact of Physical Therapy Services on the Physical Well-being of People Deprived of Liberty in the Minimum-Security Facilities

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Abstract

People deprived of liberty (PDLs) face significant health challenges due to restricted and resource-limited conditions in correctional facilities, including musculoskeletal disorders (MSDs), chronic pain, and reduced mobility that affect daily functioning and overall well-being. Despite these needs, access to physical therapy (PT) services remains limited. This study assessed the need for and impact of PT services on the physical well-being of PDLs in a selected minimum-security facility using a convergent parallel mixed-method design. Quantitative data were collected from 60 PDLs, while qualitative interviews were conducted with facility staff, including healthcare providers, correctional officers, and the warden. Results showed that most PDLs had not received recent medical intervention, with many reporting chronic pain and mobility limitations; notably, 89.3% had not accessed PT services during their stay. Key barriers identified by staff included the absence of PT personnel, inadequate space and equipment, and institutional constraints such as court order requirements. These findings indicate a significant gap in rehabilitative healthcare. Participants recognized the potential benefits of PT, including pain reduction, improved physical function, and enhanced quality of life. The results support integrating PT services into correctional healthcare systems to promote equitable access and align with the principles of universal health coverage.

Keywords: people deprived of liberty, physical therapy, musculoskeletal disorders, correctional facilities, rehabilitation, chronic pain

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Introduction

The physical well-being of individuals deprived of liberty (PDL) is an important issue that encompasses a wide range of health conditions that show the need for comprehensive Physical Therapy (PT) services within correctional facilities. PDLs face unique health challenges because of their facility's environment, consisting of overcrowding, inadequate healthcare, and limited access to resources. In the Philippine context, these challenges are among the most severe in the world. Research by Cordero (2024) highlights a staggering 534% congestion rate in some local facilities, creating "subhuman" conditions that lead to rapid health deterioration. This overcrowding is identified as the "root cause" of resource scarcity, which fundamentally undermines the delivery of rehabilitative justice within the city jail system (Lopez, 2021).

One of the most prevalent physical health problems in persons deprived of their liberty (PDLs) is musculoskeletal disorders (MSDs). According to research, most PDLs suffer from conditions such as fractures, joint problems, backaches, and injuries to the muscles and tendons (Minayo & Ribeiro, 2017). Unfortunately, most of these MSDs go undiagnosed and poorly managed in correctional facilities, hence increasing discomfort and limitations that could be avoided through physical therapy interventions (Battaglia et al., 2013). Without adequate PT services, these undiagnosed and poorly managed conditions could result in persistent discomfort and functional limitations that PT could address through pain relief, mobility enhancement, and functional rehabilitation.

Moreover, the burden of neurological conditions among PDLs is a significant clinical concern. Research highlights a disproportionately high prevalence of traumatic brain injuries (TBI) in the justice system (McKinlay & Albicini, 2016), while the rapidly aging prison population has led to a parallel increase in neurodegenerative disorders (Sfera et al., 2014). Correctional facilities have limited access to specialized care, resulting in underdiagnosed and, if undertreated, these conditions that complicate health more profoundly. Physical therapy could also help deal with these neurological disorders by improving motor function, alleviating pain, and enhancing overall quality of life (QoL).

The harsh conditions within correctional facilities, including overcrowding and insufficient physical activities, further exacerbate these musculoskeletal problems. Limited opportunities for physical activity and poor conditions contribute to the development and worsening of these disorders among inmates (Afzal et al., 2020). Implementing physical therapy services in this setting can provide rehabilitative exercises and ergonomic adjustments to significantly improve the quality of life for PDLs. Addressing these physical health issues is essential for physical rehabilitation to alleviate conditions associated with musculoskeletal pain and mobility limitations.

In the Philippine setting, the healthcare conditions of people deprived of liberty (PDLs) remain a significant concern due to chronic overcrowding, limited resources, and inadequate health infrastructure. A local study by Consignado et al. (2026) found that many PDLs in Philippine jail facilities experience insufficient access to physical healthcare services, with gaps in medication adherence and limited availability of healthcare personnel. These issues are further compounded by overcrowding, which affects approximately 70% of jail facilities and contributes to poor sanitation, inadequate nutrition, and increased health risks among PDLs. Overcrowded conditions also restrict movement, ventilation, and access to basic healthcare, increasing the spread of infectious diseases and worsening physical health outcomes. Additionally, local prison reports indicate that Philippine detention facilities often lack sufficient space, forcing inmates to share limited sleeping areas or take turns resting, which further contributes to musculoskeletal strain and overall physical deterioration. These findings highlight the urgent need to strengthen healthcare delivery systems within correctional facilities and emphasize the importance of integrating rehabilitation services, such as physical therapy, to address the growing health needs of PDLs in the Philippines.

However, access to healthcare services, including physical therapy, is often severely limited for PDLs due to systemic barriers within the correctional facility system. Many facilities lack adequate resources and trained personnel to provide comprehensive health services, leading to unmet health needs (Scallan et al., 2019; Topp et al., 2016). The Canadian federal correctional facility system, for instance, mandates the provision of essential health care, yet many PDLs report difficulties accessing necessary services, including physical therapy (Scallan et al., 2019). This lack of access can worsen existing health conditions and lead to new ones, underscoring the importance of integrating PT services into the overall healthcare framework within correctional facilities.

Universal Health Coverage (UHC) is a health system model that aims to ensure that all individuals, including PDLs, access necessary health services without financial hardship. This law encompasses a wide range of services, including preventive, curative, rehabilitative, and palliative care, and emphasizes equitable access to health care for all segments of the population, including marginalized groups such as PDLs (Bloom et al., 2018). Regarding correctional facilities, UHC emphasizes the need to integrate PT services to improve health outcomes among PDLs.

One of the key implications of UHC is that it ensures physical therapy services are integrated into the broader healthcare system and therefore available to PDLs. This is because physical therapy plays an important role in rehabilitation, pain control, and increasing people's activity levels, which are key components in addressing the health needs of individuals within correctional facilities (Müller et al., 2016). By incorporating physical therapists into the UHC model, correctional health systems can provide well-rounded services that address physical and mental problems, thus ultimately improving the PDL's quality of life (Al-Abbad & Al-Haidary, 2016).

In addition to addressing immediate health concerns, PT services can help prevent secondary health issues arising from untreated primary conditions. For example, individuals with chronic diseases like diabetes or hypertension are at risk of developing further complications if their conditions are not appropriately managed (Bloom et al., 2018). PT can play a vital role in educating PDLs about their health, promoting self-management strategies, and encouraging regular physical activity to reduce the risk of disease progression (Muller et al., 2016). This preventive approach supports the UHC goals of improving health outcomes and reducing the disease burden.

Additionally, UHC principles can address systemic barriers in correctional facilities, including resource limitations and integration challenges (Oliveira et al., 2015). By aligning correctional facilities' healthcare with UHC principles, policymakers can advocate for better funding, training, and support for physical therapy. Benefiting both PDLs and the broader community by reducing recidivism and aiding in successful reintegration (Tao et al., 2020).

This study aims to assess the need for and impact of physical therapy (PT) services on the physical well-being of people deprived of liberty (PDLs) in a minimum-security facility. It focuses on determining the prevalence and effects of musculoskeletal conditions, evaluating PDLs' perceived rehabilitation needs, and examining the accessibility and potential effectiveness of PT services. It also explores the barriers and facilitators to implementing PT in correctional settings, as well as the challenges healthcare providers face in delivering these services. Given the limited research on PT needs in minimum-security facilities, the study seeks to address an important gap in correctional healthcare.

By highlighting unmet rehabilitation needs and systemic barriers, the study provides evidence supporting the integration of PT into correctional healthcare systems. The findings emphasize the role of PT in improving pain management, mobility, and overall quality of life, while also preventing functional decline and supporting rehabilitation. Furthermore, the study underscores the importance of interdisciplinary

collaboration and informed decision-making among healthcare providers and facility administrators. More broadly, it contributes to public health by promoting equitable access to healthcare for marginalized populations, supporting the rights and dignity of PDLs, and aligning correctional healthcare practices with established standards.

Methodology

Research Design

This study used a convergent parallel mixed-method approach to comprehensively assess the PT needs and services for PDLs in minimum-security facilities. This approach is ideal because it enables the simultaneous collection and analysis of quantitative and qualitative data, which are then compared and integrated to provide a comprehensive understanding of the research problem.

The quantitative part focused on collecting and analyzing data on the frequency of musculoskeletal problems, the availability of PT services, and the effects of PT interventions. This study used stratified random sampling to ensure that the various data sets presented reflect different ages and genders. It used descriptive statistics to summarize the data and conducted inferential analyses of relationships, including differences between those who received PT before detention and those who did not.

The qualitative part of this research explored the personal experiences of the PDLs, PTs, and facility staff regarding challenges and barriers that may not emerge as easily with the quantitative methods. Purposive sampling selects participants who can provide rich insights into PTs' needs and services. Thematic analysis reveals patterns in qualitative data, providing a better understanding of PT service challenges. Taken together, these approaches provide an overall, balanced understanding of PT needs in correctional facilities.

By integrating the results from both parts of this study, the convergent parallel approach provided a comprehensive and nuanced view of PT needs within correctional facilities. This method ensures that quantitative findings are enriched by qualitative insights, enabling a more robust analysis of PT services and their impacts on PDLs.

Participants

The study involved 102 PDLs, 1 warden, 5 correctional officers, and 2 nurses in the selected correctional facility. The researchers included other participants because not only will the PDLs benefit from this study, but the researchers will also gain additional information and insights into the PDLs' day-to-day lives. A warden's insight is important for understanding how healthcare policies can support PT services within the facility. The correctional officers are included since they interact closely with the PDLs daily. Correctional officers can offer an important perspective on the day-to-day challenges faced by PDLs. The nurses and other healthcare providers are directly responsible for delivering healthcare to the PDLs. Their knowledge of the healthcare needs of the PDLs is essential for assessing the effectiveness and accessibility of the healthcare available within the correctional facility. Their feedback has also helped highlight gaps and areas for improvement in PT services to better serve the PDLs. Including these key participants ensured that the study captures a holistic view of the healthcare environment within the correctional facility.

The participant size for PDLs was determined using the Slovin formula. The Slovin formula is a statistical tool for calculating sample size from a finite population. This ensures that the participants are

large enough to be representative but not necessarily large. The Slovin formula, with a 5% margin of error, was used based on a total population of 102 PDLs in the facility. The formula used is:

$n = N / \sqrt{1 + N(e^2)}$, where n is the participant size, N is the total population size (102), and e is the total margin of error (0.05). By applying the formula:

$$n = 102 / \sqrt{1 + 102(0.05^2)} = 81 \text{ PDLs}$$

The study surveyed 81 PDLs to ensure sufficient data coverage. This sample size is deemed adequate to achieve a representative overview of the PDL population within the selected facility.

As per the recommendation, the researchers reduced the sample size, as it seems inappropriate and may pose challenges, increasing risks relative to its benefits. In the total population of 102 PDLs, the researchers had to accept at least 60 participants as long as the PDL provided consent and would participate in the study willingly. Factors such as infectious diseases, participants' willingness to participate, and PDLs in the exclusion criteria had not been considered participants due to these circumstances.

Two sampling techniques were used: stratified random sampling for PDLs and purposive sampling for the facility staff. Stratified random sampling has been employed to ensure that various subgroups of PDLs, such as different age groups and genders, are represented, thereby reducing selection bias and enhancing the reliability of the qualitative data.

Purposive sampling was used to select the warden, correctional officers, and nurses who would provide valuable insights into the facility's healthcare environment, policies, and practices. These participants are included because the warden plays a critical role in the facility's overall management, including decisions related to healthcare services.

Data Collection Method

The tool for this study's data collection was a custom survey questionnaire developed to collect both quantitative and qualitative data from PDLs, PTs, correctional officers, and healthcare providers. Existing tools were reviewed, but did not fully address the specific context of physical therapy services in correctional facilities. Therefore, the decision was made to create a new questionnaire tailored to capture the unique experiences, challenges, and PT needs of PDLs, as well as facility staff's insights into healthcare provision.

The questionnaire was divided into sections that cover a wide range of topics, including physical health conditions, access to and satisfaction with PT services, and barriers to effective healthcare delivery in the correctional setting. The questions were designed based on a review of related literature and consultations with experts in physical therapy. This ensured the tool is comprehensive enough to gather the necessary data for the study's objectives while remaining accessible and understandable for all participants.

The qualitative portion includes structured questions with rating scales to measure the prevalence of musculoskeletal issues and the impact of PT interventions. Meanwhile, it featured open-ended questions that allowed the participants to provide deeper insights into their personal experiences with PT services.

Before the main survey, a pilot test was conducted. A pilot test is a preliminary run of the survey with a small subset of participants to identify potential issues, such as unclear questions or logistical challenges. This step allowed the researchers to refine the questionnaire further based on feedback, ensuring its

reliability and comprehensiveness.

Figure 1
Pilot Test Flow Diagram

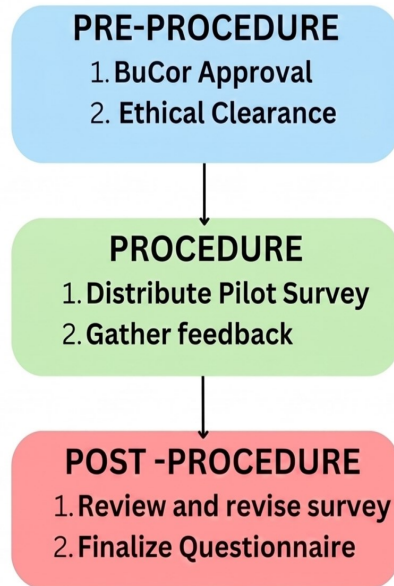


Figure 1 presents the pilot testing process used to validate the research instrument prior to the main data collection.

Figure 2
Main Data Collection Flow Diagram

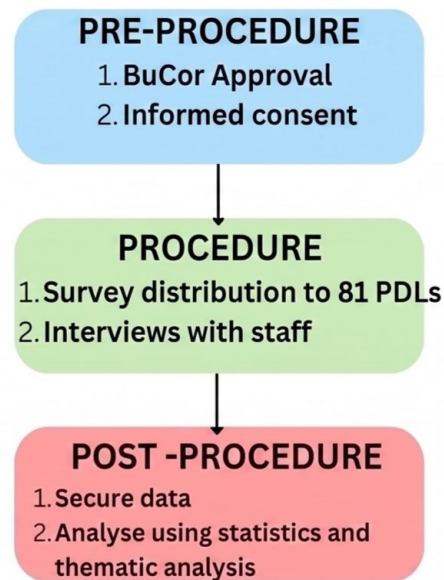


Figure 2 presents the sequence of procedures followed during the main data collection, including participant selection, survey administration, and data gathering.

Validation of Instrument

To ensure the reliability and validity of the custom-developed questionnaire, it underwent a multi-step validation process. First, experts in the ERB, physical therapy, licensed psychometricians, and correctional facility management reviewed the questionnaire. Their feedback further refined the questions, ensuring they are both relevant and capable of capturing all necessary data in the specific context of correctional facilities.

A pilot test is a preliminary run of the survey with a small subset of participants to identify potential issues, such as unclear questions or logistical challenges. This step allowed the researchers to refine the questionnaire further based on feedback, ensuring its reliability and comprehensiveness.

Data Analysis

The data collected from the survey were analyzed using thematic analysis. This approach involved identifying, analyzing, and reporting patterns within the data. The process included familiarization with the responses, followed by coding to identify recurring themes, which were then organized into meaningful categories. This method enabled the researchers to uncover underlying issues related to access to physical healthcare within the correctional facility. Quantitative data were organized and summarized in Microsoft Excel, with tables and graphical representations generated to facilitate interpretation and ensure data accuracy.

Ethical Considerations

This study adhered to strict ethical standards due to the involvement of human participants, particularly PDLs, and received approval from the MCU Ethics Review Board (ERB). Informed consent was obtained from all participants after clearly explaining the study's purpose, procedures, and potential benefits, and assuring them that participation was voluntary and that they could withdraw at any time without consequences. The researchers complied with the Data Privacy Act of 2012 (RA No. 10173) to ensure confidentiality and protection of all collected data, and participants were informed of their rights under the law. All personal information and responses were handled securely to prevent unauthorized access, and no identifying details were disclosed. Sensitive data were retained only for the duration necessary to complete the study and were permanently deleted afterward to ensure privacy. Proper data management protocols were implemented throughout to safeguard participant information.

Results and Discussion

This section presents and discusses the study's findings in relation to the research objectives. Both quantitative and qualitative data were analyzed to provide a comprehensive understanding of the need for and impact of PT services among PDLs. The results reflect data collected using a validated questionnaire and interview guide, and are interpreted alongside relevant literature to highlight key patterns, barriers, and implications for the integration of PT services within correctional facilities.

Figure 3
Distribution of Respondents by Role

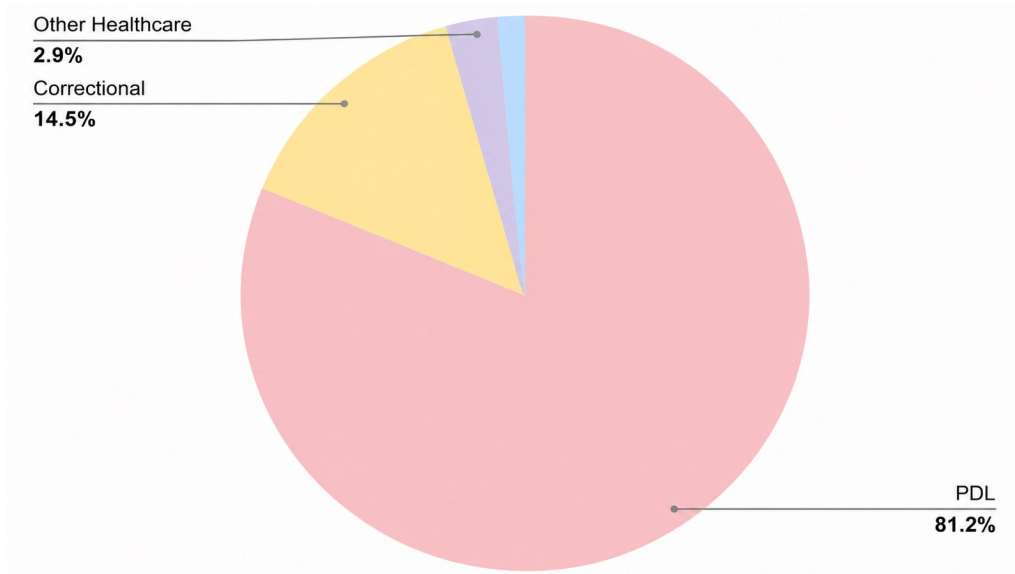


Figure 3 shows that the majority of respondents were PDLs (81.2%), followed by correctional officers/staff (14.5%), healthcare providers (2.9%), and a small proportion of administrators. This indicates that the findings primarily reflect the experiences of PDLs.

Figure 4
Age Distribution of Respondents

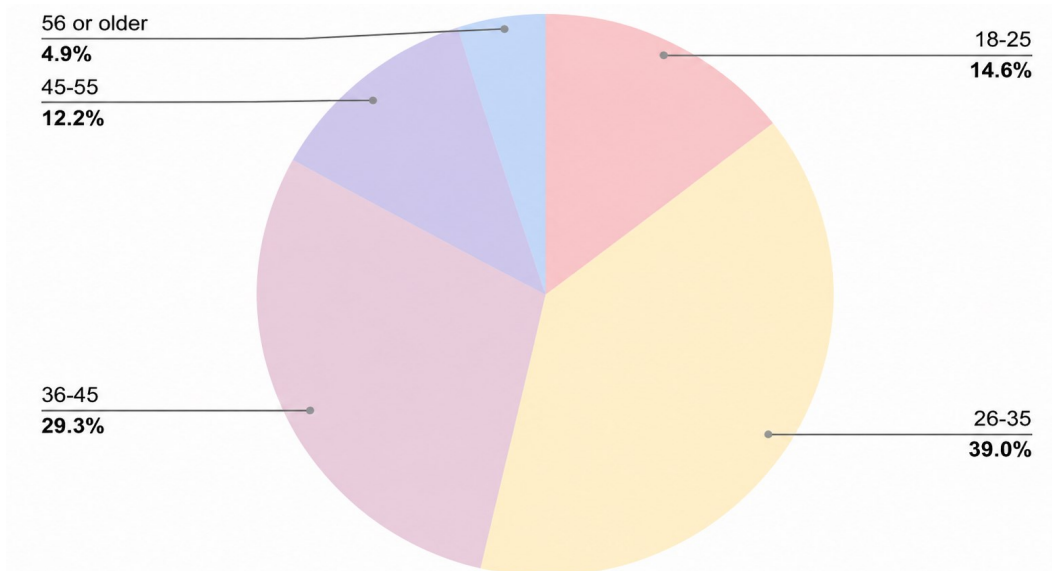


Figure 4 presents the age distribution, with most respondents belonging to the 26–35 (39.0%) and 36–45 (29.3%) age groups. This suggests that physical health concerns largely affect working-age individuals who may have preexisting or developing musculoskeletal conditions

Figure 5
Gender Distribution of Respondents

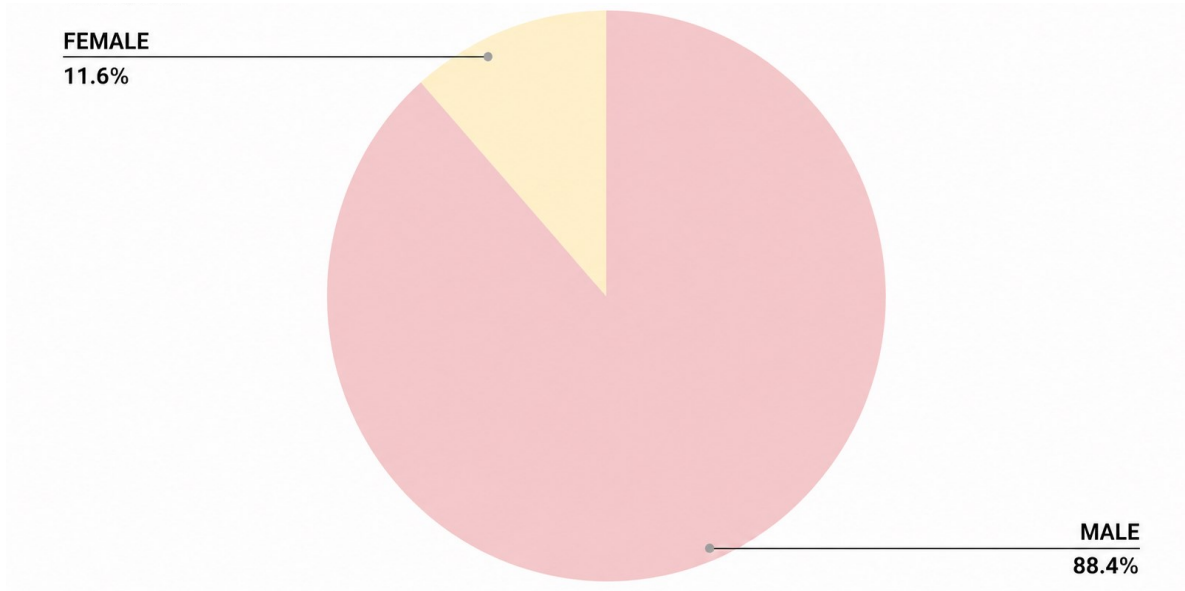


Figure 5 shows that most respondents were male (88.4%), while 11.6% were female.

Figure 6
Reported Physical Health Issues among PDLs in the Past Six Months

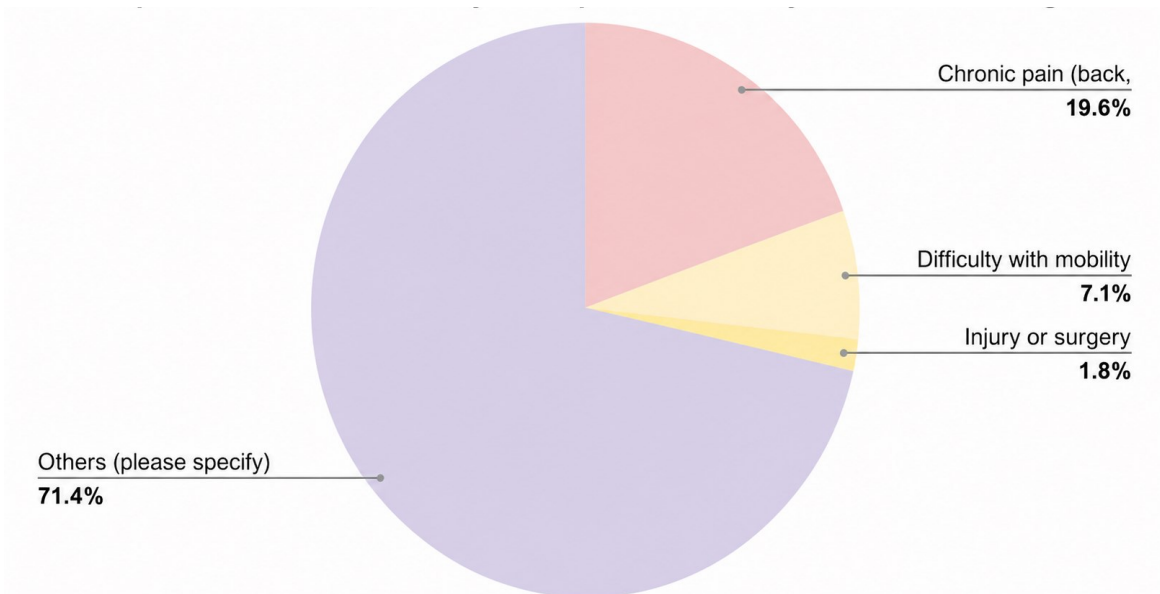


Figure 6 indicates that while 71.4% reported no pain in the past six months, 19.6% experienced chronic pain, and 7.1% reported mobility difficulties. Despite the majority reporting no pain, this may reflect underreporting or normalization of discomfort within the facility. The presence of pain and mobility issues still highlights the need for accessible PT services.

Figure 7
Self-Rated Current Pain Levels Among PDL Respondents

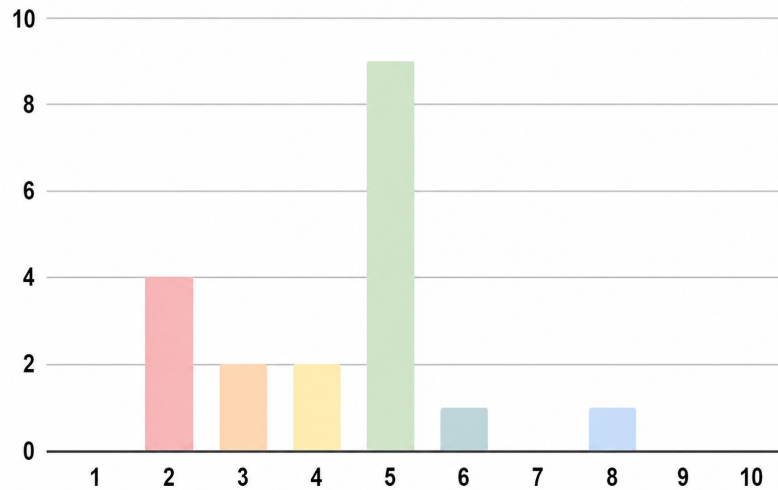


Figure 7 shows that most respondents reported moderate pain (level 5), with others experiencing mild to moderate pain (levels 2–4) and fewer reporting higher levels (6–8). This indicates that discomfort is present even if not severe, supporting the need for early PT intervention and pain management strategies.

Figure 8
Perceived Impact of Physical Health on Daily Activities and Quality of Life

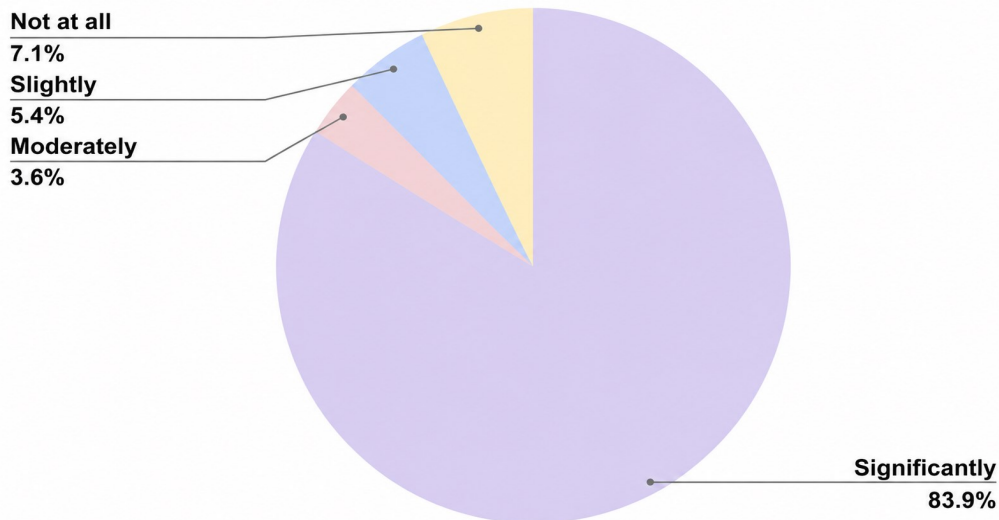


Figure 8 reveals that 83.9% of respondents reported that physical health significantly affects their daily activities and quality of life. This emphasizes the need for interventions such as PT to improve mobility and functional independence. This finding is consistent with studies showing that untreated musculoskeletal conditions in correctional populations can significantly impair daily functioning and overall well-being (Scallan et al., 2019).

Figure 9
Access to PT Services Among Respondents

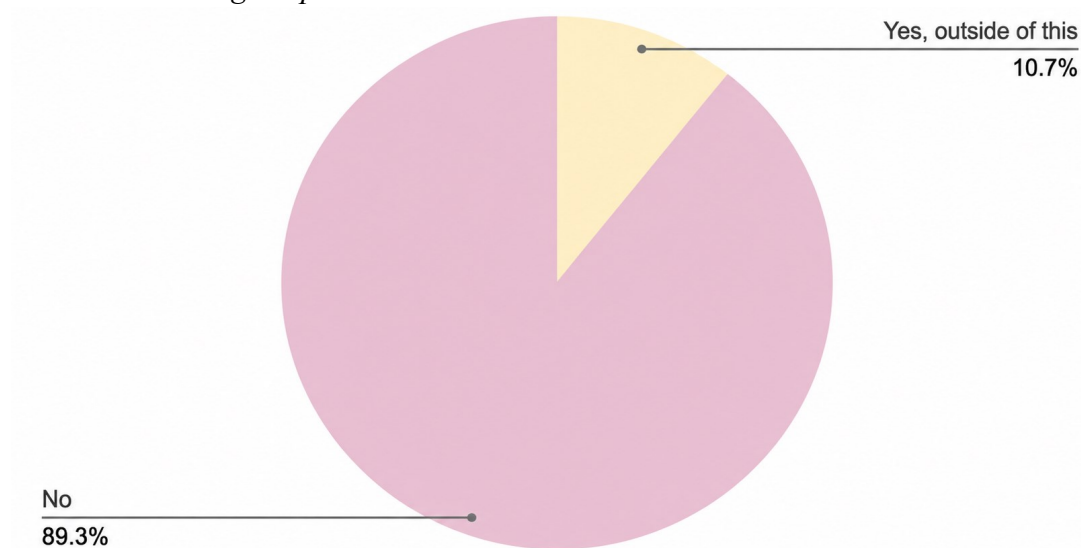


Figure 9 shows that 89.3% of respondents have not received PT services within the facility, indicating a major gap in rehabilitation care. This lack of access increases the risk of worsening physical conditions and highlights the need for integrating PT into correctional healthcare. Similar findings have been reported in correctional systems where limited access to rehabilitation services contributes to the progression of untreated conditions (Topp et al., 2016).

Figure 10
Respondents' Access to PT Services

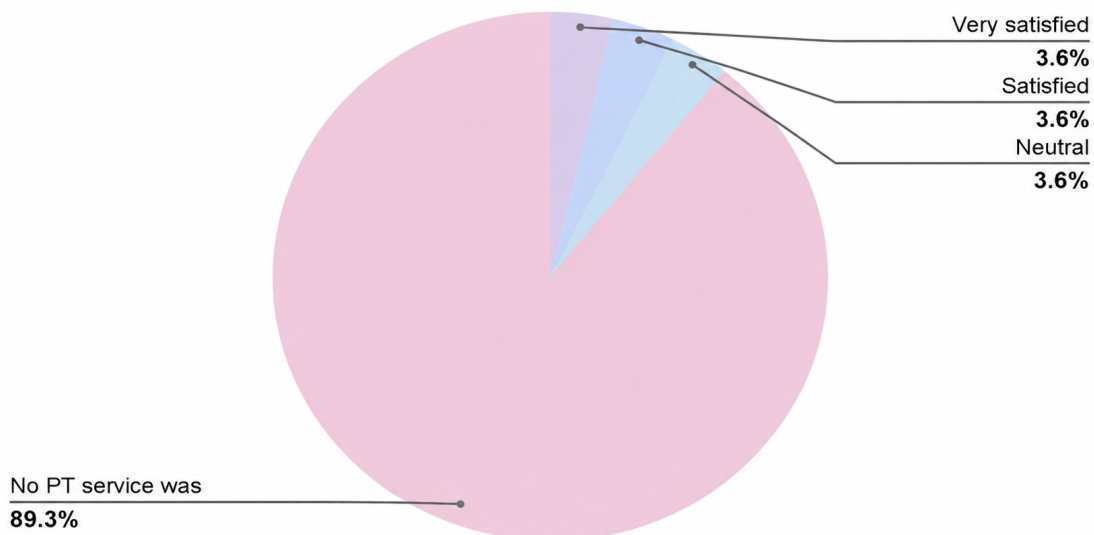


Figure 10 further confirms that most respondents have not received PT services, reinforcing the absence of structured rehabilitation programs in the facility. Without timely intervention, this may lead to long-term functional decline and increased risk of chronic conditions. Research suggests that early rehabilitation interventions are essential in preventing disability and improving long-term health outcomes (Müller et al., 2016).

Figure 11
Frequency of Encountering PDLs with Physical Health Issues

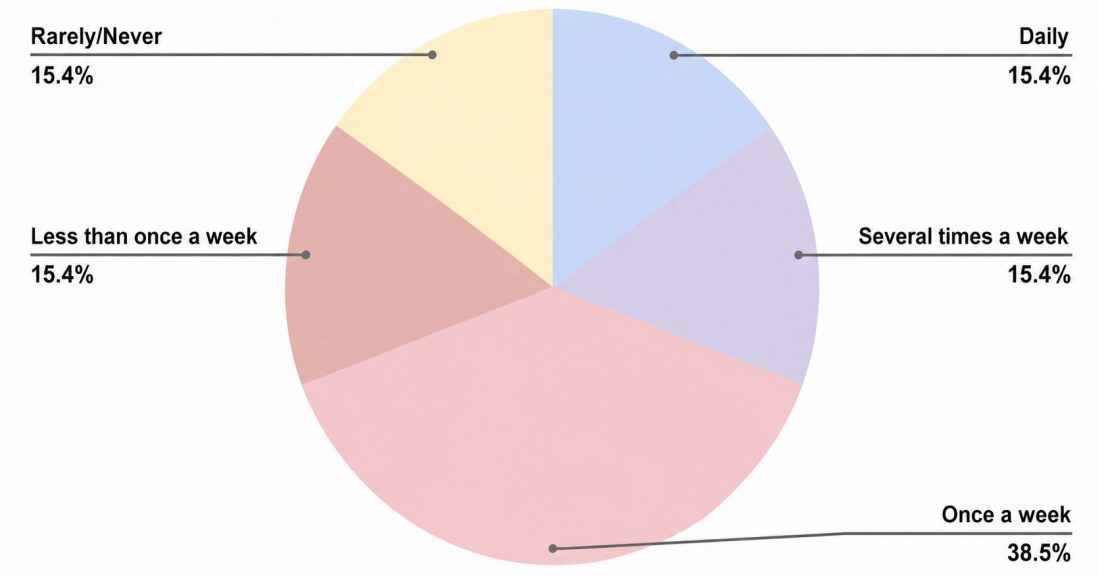


Figure 11 shows that staff frequently encounter PDLs with physical health issues, suggesting that musculoskeletal conditions are widespread rather than isolated cases. This reinforces the need for regular rehabilitation services within correctional settings. Studies indicate that high prevalence of physical health issues among incarcerated populations is often linked to environmental and systemic factors within facilities (Topp et al., 2016).

Figure 12
Common Health Issues of Respondents

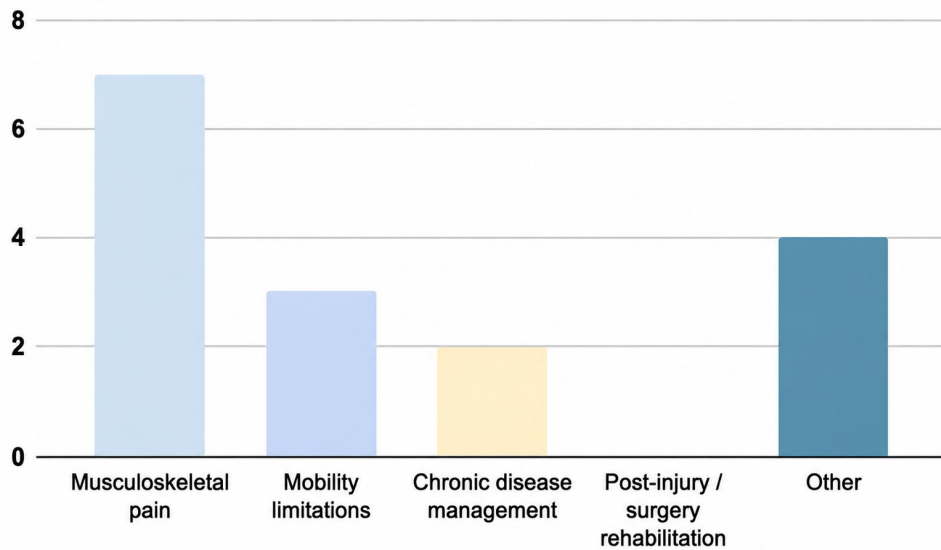


Figure 12 identifies musculoskeletal pain, mobility limitations, and other conditions as the most common physical health concerns. These findings indicate that targeted PT programs could address key functional limitations and prevent further complications.

Figure 13
Respondents' Perceived Need for PT Services

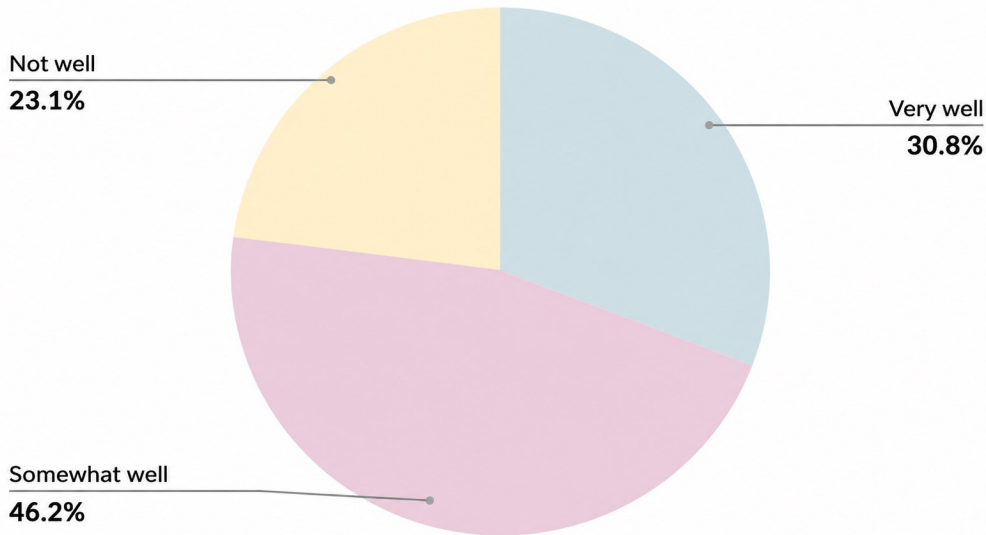


Figure 13 shows that respondents rated the need for PT as moderate to high, with 46.2% rating it “somewhat well” and 30.0% rating it “very well.” This suggests a general awareness of PT benefits, although further education may improve understanding of its role in rehabilitation. Studies have shown that awareness of rehabilitation services influences healthcare utilization and patient outcomes (Müller et al., 2016).

Figure 14
Barriers to PT Services

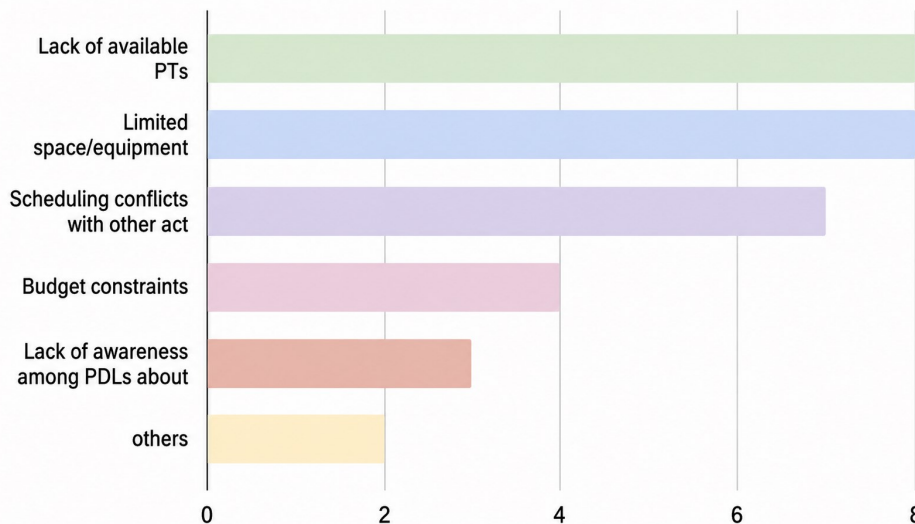


Figure 14 identifies key barriers to PT access, including lack of PT personnel, limited space and equipment, and scheduling conflicts. These structural limitations highlight the need for resource allocation and system-level improvements to ensure equitable access to rehabilitation services. Similar barriers have been documented in correctional facilities, particularly in low-resource settings (Topp et al., 2016).

Figure 15
Anticipated Benefits of PT Services

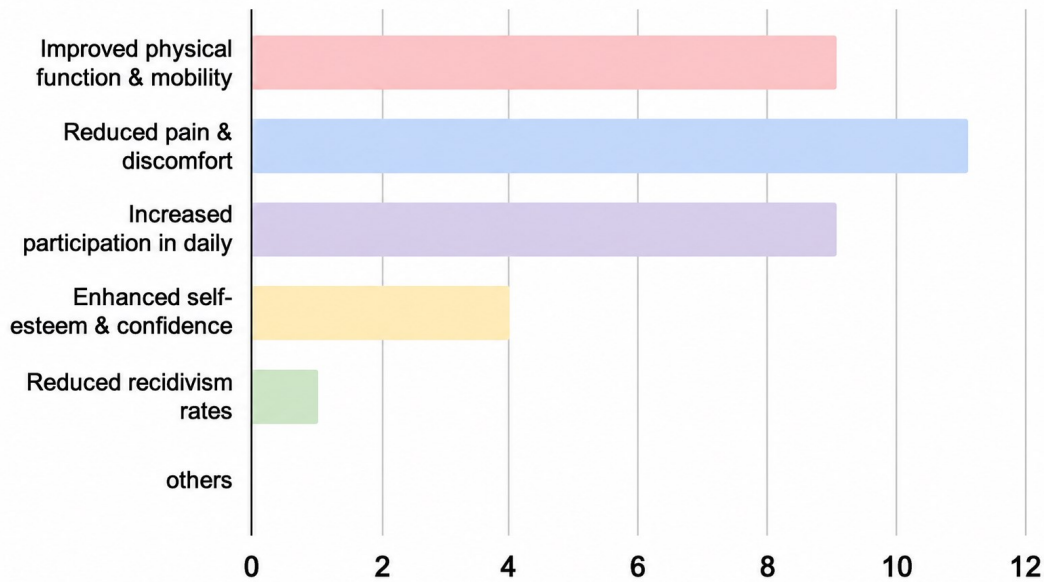


Figure 15 shows that respondents expect PT to reduce pain, improve mobility, and enhance participation in daily activities. These anticipated outcomes support the integration of PT services to improve quality of life and rehabilitation outcomes among PDLs. Evidence suggests that rehabilitation programs significantly contribute to improved functional independence and overall well-being in vulnerable populations (Scallan et al., 2019).

Table 1
Summary of PDL Interview Responses

Question:	Common Responses:
Physical Challenges	Shoulder and back pain
Health concerns	Musculoskeletal discomfort
Access to PT services	Majority reported no access
Expectations on PT	Pain relief, improved mobility
Suggestions	Availability of PT services

Table 1 shows that people deprived of liberty (PDLs) commonly experience musculoskeletal discomfort, particularly in the shoulders and back, while having limited access to PT services. This indicates a clear gap between the rehabilitation needs of PDLs and the availability of appropriate healthcare interventions within the facility. These results are consistent with previous studies that report a high prevalence of musculoskeletal disorders among incarcerated populations due to poor living conditions, limited physical activity, and restricted access to healthcare (Afzal et al., 2020) The lack of PT services further contributes to unmanaged pain and may lead to long-term functional limitations, emphasizing the importance of accessible rehabilitation programs in correctional settings (Battaglia et al., 2013).

Table 2
Summary of Themes from PDL Interview Responses

Batch	Theme	Subtheme	Quotes	Translation
Batch 1	Experiences with physical health challenges	Physical health challenges	"Nahirapan din pa minsan minsan dahil sa work, Nangangalay ang balikat."	I'm having a hard time from time to time at work; my shoulders ache.
Batch 2	Main physical health concerns or needs	Physical health concerns	"Likod at balikat ang madalas na masakit."	Back and shoulders often hurt
Batch 3	Physical therapy services within the facility	Physical therapy services within the facility	"Wala pa natatanggap na kahit anong PT services."	Have not received any PT services yet
Batch 4	Expectations or hopes for physical therapy services	Expectations or hopes for physical therapy services	"Maginhawa na katawan at kalusugan."	Comfortable body and health
Batch 5	Suggestions for improving availability and effectiveness	Effectiveness of physical therapy services	"Sana magkaroon ng PT services para guminhawa ang katawan."	I hope there will be PT services to relax the body.

Table 2 provides deeper insight into PDLs' lived experiences with physical health conditions. Participants described recurring musculoskeletal pain associated with daily activities, which is further aggravated by inadequate sleeping conditions within the facility. The absence of PT services was identified as a major barrier to proper management, leading many PDLs to rely on self-managed exercises to cope with their condition. These findings align with existing literature indicating that untreated musculoskeletal conditions in correctional facilities negatively affect quality of life and functional independence (Scallan et al., 2019). Additionally, participants expressed expectations that PT services would improve mobility and relieve discomfort, reflecting an awareness of the benefits of rehabilitation. This supports previous research emphasizing the role of physical therapy in enhancing physical function and overall well-being (Müller et al., 2016). The results underscore the need for structured and accessible PT services to address the ongoing physical health concerns of PDLs.

Table 3
Healthcare Providers' Interview Responses on Physical Health of PDLs

QUESTION	RESPONSE 1	RESPONSE 2
1. What are the most pressing physical health needs you observe among the PDL population?	"Accessibility of physical therapists inside the facility [is a pressing need] because most of the PDL[s] think [that] when they have a certain muscle pain, it's associated with other illnesses. Nurses can't [convince] them that it's just muscle pain [and] nothing else. They think that we are just disregarding what they are experiencing. As nurses, they [also] need to prescribe medication for them. Because of a simple frozen shoulder, they tend to [misconceive] it [as] stroke and heart attack. For us, if we do not tend to their needs, it will look like we did not give them the proper treatment. It is more advisable to have physical therapy inside the facility, because personally, I don't know anyone that is on board in the BJMP."5	Daily exercise
2. In your professional opinion, how could physical therapy services contribute to addressing the needs?	We could refer to PDLs who have musculoskeletal problems so that they will be in their best state before they go to the end of their sentence. That is the best that we can give to them.	They can teach the proper way of exercise, especially to the seniors.
3. What challenges or barriers do you encounter in providing or referring PDLs to physical therapy services?	Court order: We need to secure a court order prior to bringing PDL's to health facilities. By law, we can't let PDL leave the facility unless it's a life-threatening situation.	Lack of Funds

	The time of securing the court order because of the due process. It will take a long time. [Based on] practice in hospitals, it is not a one-day process. If PDLs are only allowed to go out for one day, we need to secure another court order for continued healthcare services.	
4. What are your expectations or hopes for physical therapy services within the facility?	There is one good suggestion of the PDLs that, from time to time, depends on the availability and medical missions. Aside from doctors, nurses, and dentists. There will be PT as well, so it will be all around. There is a bi-annual X-ray for PDLs because the facility is prone [to] tuberculosis because it is congested.	Participate in activities
5. What specific PT services or interventions do you believe would be most beneficial for this population?	I usually hear from the PDL's that their problems are mostly in the musculoskeletal [system]. We are not able to provide a proper bed for them. First of all, it's prone to fire, bed bugs, skin infection, and hiding [of] weapons. Even blankets are not allowed. They are given [only] the basic needs, even if their pillow is [made from] their excess clothes.	Monthly PT check-up for the PDLs

Table 3 suggests that healthcare providers recognize the importance of PT in managing musculoskeletal conditions; however, systemic barriers, including legal constraints, limited resources, and a lack of personnel, restrict effective service delivery. These findings align with previous studies indicating that correctional healthcare systems often face structural limitations that delay access to necessary medical and rehabilitative services (Scallan et al., 2019). The requirement of court orders for external healthcare further contributes to treatment delays, potentially worsening existing conditions.

In addition, providers noted that many PDLs misinterpret musculoskeletal pain as more serious illnesses, leading to increased reliance on medication rather than rehabilitation. This reflects findings that limited access to specialized care and health education can contribute to misconceptions about physical conditions (Müller et al., 2016). Environmental factors such as overcrowding and inadequate living conditions were also identified as contributors to poor health outcomes, reinforcing the need to integrate PT services within correctional facilities (Afzal et al., 2020).

Healthcare Providers' and Correctional Officers' Perspectives on Physical Therapy Services for PDLs

Healthcare providers and correctional officers emphasized the importance of accessible PT services in addressing the musculoskeletal conditions commonly experienced by PDLs, particularly back and joint pain associated with environmental factors such as poor sleeping conditions. These conditions were noted to negatively affect daily functioning, participation in activities, and overall well-being. Participants highlighted that PT could improve mobility, reduce pain, and support rehabilitation, especially in preparing PDLs for reintegration. However, several barriers to PT service delivery were identified, including legal constraints, such as the requirement for court orders to access external healthcare; limited resources within the facility; and the absence of PT professionals. In addition, varying perceptions of PT were observed, with some officers believing that general exercise is sufficient, reflecting a misunderstanding of the role of structured rehabilitation. Despite this, others recognized that PT could alleviate pain and improve participation. Participants recommended implementing regular on-site PT services, including routine assessments and structured rehabilitation programs.

These findings suggest that the lack of accessible rehabilitation services in correctional facilities contributes to the persistence and worsening of musculoskeletal conditions among PDLs, ultimately limiting their functional independence and participation in rehabilitative activities. This highlights a critical gap

between existing healthcare services and actual patient needs, reinforcing the importance of integrating PT into correctional healthcare systems. Similar findings have been reported in correctional settings where inadequate access to rehabilitation services results in unmet health needs and poorer health outcomes (Topp et al., 2016; Scallan et al., 2019). In the Philippine context, limited healthcare resources and overcrowded conditions further exacerbate these issues, restricting access to specialized services such as physical therapy (Consignado et al., 2026). Addressing these barriers through policy reform, resource allocation, and increased awareness among correctional staff is essential to ensure equitable access to rehabilitation services and to support the overall health and reintegration of PDLs.

Conclusion

This study highlights the significant need for physical therapy (PT) services among people deprived of liberty (PDLs) in minimum-security facilities, where musculoskeletal pain, mobility limitations, and functional impairments are prevalent and negatively affect daily activities and overall well-being. The findings show that many PDLs experience untreated physical conditions, have limited access to rehabilitation services, and face systemic barriers such as legal restrictions, inadequate resources, and a lack of awareness. These results reveal a clear gap between healthcare needs and available services, emphasizing that without timely intervention, these conditions may progress into long-term disability and hinder successful reintegration into society. Integrating PT into correctional healthcare systems is therefore essential, not only to improve individual health outcomes but also to promote equitable access to rehabilitation in alignment with Universal Health Coverage principles.

Recommendations

Based on the findings, this study recommends integrating structured PT services within correctional facilities by establishing on-site programs focused on pain management, mobility training, and functional rehabilitation. Policymakers and administrators should address systemic barriers by streamlining legal processes, allocating resources, and improving infrastructure to support rehabilitation services. Capacity-building initiatives for healthcare providers and correctional staff, along with health education for PDLs, are also necessary to enhance awareness and effective service delivery. Furthermore, correctional facilities should consider partnerships with rehabilitation centers or academic institutions to expand access to PT services. Future research is encouraged to include larger, more diverse populations and to compare facilities with and without PT services to further evaluate the impact of PT services on health outcomes and reintegration.

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