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Ageism and its implications for the physiotherapeutic treatment of older adults: a systematic review

Ageísmo e suas repercussões no tratamento fisioterapêutico da pessoa idosa: uma revisão sistemática

Edadismo y sus repercusiones en el tratamiento fisioterapéutico de las personas mayores: una revisión sistemática

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Abstract:
Introduction: Ageism encompasses age-related stereotypes, prejudices, and discriminatory practices that may influence the provision and experience of care for older adults. Objective: To synthesize the available evidence on the implications of ageism for physiotherapy treatment and rehabilitation settings. Methods: A structured literature search was conducted, guided by the PRISMA 2020 framework and the PICO strategy, adapted to investigate exposure to ageism. The search relied exclusively on exported files from PubMed/MEDLINE (n = 572), the Virtual Health Library (VHL; n = 794), and SciELO (n = 19). After the removal of 41 duplicate records, 1,344 unique references underwent screening, of which 60 abstracts were selected for in-depth thematic analysis. Ultimately, 15 studies were included in the narrative synthesis. Results: The studies identified associations between age-related stereotypes and limitations in the availability of physiotherapy resources, the normalization of symptoms, restrictions on older adults' autonomy, and barriers to access to rehabilitation. Among healthcare students, knowledge of gerontology and educational activities were associated with more favorable attitudes toward aging. Heterogeneity in populations, settings, and study designs, together with the nature of the available evidence, limited comparisons across studies and precluded causal inferences or the estimation of a pooled effect on physiotherapy outcomes. Conclusion: The available evidence highlights the need for strategies to address ageism, including individualized assessment, person-centered communication, education in gerontology, and attention to institutional barriers. As a methodological limitation, study selection was based on the abstracts available in the exported files and did not replace independent full-text assessment or formal risk-of-bias evaluation.

Keywords:
Ageism; Physiotherapy; Rehabilitation; Older adults; Age discrimination.

Resumo:
Introdução: O ageísmo compreende estereótipos, preconceitos e práticas discriminatórias relacionados à idade que influenciam a oferta e a experiência do cuidado à pessoa idosa. Objetivo: Sintetizar evidências sobre suas repercussões no tratamento fisioterapêutico e na reabilitação. Métodos: Realizou-se busca bibliográfica estruturada, orientada pelo PRISMA 2020 e pela estratégia PICO adaptada à exposição ao ageísmo. Utilizaram-se exclusivamente arquivos exportados de PubMed/MEDLINE (n = 572), Biblioteca Virtual em Saúde (BVS; n = 794) e SciELO (n = 19). Após remover 41 duplicatas, triaram-se 1.344 referências únicas; 60 resumos passaram por análise temática aprofundada e 15 estudos integraram a síntese narrativa. Resultados: Estereótipos etários associaram-se a limitações na oferta de recursos fisioterapêuticos, naturalização de sintomas, restrições à autonomia e barreiras de acesso à

reabilitação. Entre estudantes da saúde, conhecimentos gerontológicos e atividades educativas associaram-se a atitudes mais favoráveis ao envelhecimento. A heterogeneidade de populações, contextos e delineamentos, assim como a natureza das evidências, limitou comparações e impediu inferências causais ou estimativas de efeito combinado sobre desfechos fisioterapêuticos. Conclusão: O enfrentamento do ageísmo requer avaliação individualizada, comunicação centrada na pessoa, formação gerontológica e atenção às barreiras institucionais. Como limitação metodológica, a seleção fundamentou-se nos resumos dos arquivos exportados, sem substituir a avaliação independente dos textos completos e do risco de viés.

Palavras-chave:
Ageísmo; Fisioterapia; Reabilitação; Pessoa idosa; Discriminação etária.

Resumen:
Introducción: El edadismo comprende estereotipos, prejuicios y prácticas discriminatorias por edad que influyen en la prestación y experiencia del cuidado de personas mayores. Objetivo: Sintetizar evidencias sobre sus repercusiones en fisioterapia y rehabilitación. Métodos: Se realizó una búsqueda bibliográfica estructurada, orientada por PRISMA 2020 y la estrategia PICO adaptada a la exposición al edadismo. Se utilizaron exclusivamente archivos exportados de PubMed/MEDLINE (n = 572), Biblioteca Virtual en Salud (BVS; n = 794) y SciELO (n = 19). Tras eliminar 41 duplicados, se cribaron 1.344 referencias únicas; 60 resúmenes recibieron análisis temático profundo y 15 estudios integraron la síntesis narrativa. Resultados: Los estereotipos etarios se asociaron con limitaciones en los recursos fisioterapéuticos, naturalización de síntomas, restricciones a la autonomía y barreras de acceso a rehabilitación. Entre estudiantes sanitarios, los conocimientos gerontológicos y actividades educativas se asociaron con actitudes más favorables hacia el envejecimiento. La heterogeneidad de poblaciones, contextos y diseños, junto con la naturaleza de las evidencias, limitó comparaciones e impidió inferencias causales o estimaciones de efectos combinados sobre resultados fisioterapéuticos. Conclusión: Afrontar el edadismo requiere evaluación individualizada, comunicación centrada en la persona, formación gerontológica y atención a barreras institucionales. Como limitación metodológica, la selección se basó en resúmenes de archivos exportados, sin sustituir la evaluación independiente de textos completos y del riesgo de sesgo.

Palabras clave:
discriminación por edad; Fisioterapia; Rehabilitación; Persona mayor; Discriminación por edad.

1. Introduction

The increase in demand for care for elderly people makes it important to investigate how professionals' expectations and service barriers can interfere with access to care and rehabilitation (ARAÚJO et al., 2023; BRAGA et al., 2023). Ageism comprises attitudes and practices based on stereotypes about age, and can appear both in relationships between professionals and users and in the organization of services (FERNÁNDEZ PUERTA et al., 2024; ARAÚJO et al., 2023). Its identification requires differentiating clinical choices based on

individual assessment from decisions made only based on chronological age (ARAÚJO et al., 2023; MARTÍNEZ-ANGULO et al., 2023).

Physiotherapy participates in the preservation and recovery of functionality, but its therapeutic planning can also be influenced by inadequate expectations about the capacity of elderly people (WONG et al., 2026; NEIERTZ; WOUTERS; MANNHEIM, 2023). In a survey of physiotherapists in Luxembourg, unfavorable attitudes towards the use of technology by elderly patients were associated with the decision not to offer digital treatment modalities (NEIERTZ; WOUTERS; MANNHEIM, 2023). A review on access to rehabilitation identified reports from professionals who attributed low back pain to aging and, thus, limited the recognition of therapeutic possibilities, although the group studied included adults aged 50 and over (WONG et al., 2026).

In addition to the selection of therapeutic resources, ageism can affect the elderly person's participation in decisions about their own care (MARTÍNEZ-ANGULO et al., 2023). In a Spanish qualitative study, elderly women reported that their preferences were ignored during interactions with health professionals, making it difficult to build shared care relationships (MARTÍNEZ-ANGULO et al., 2023). In a scoping review carried out in the context of health services, institutional manifestations characterized by barriers to access, devaluation of needs and negligence were described (ARAÚJO et al., 2023).

The training of physiotherapists constitutes another relevant axis for tackling this phenomenon (BRAVO-ROJAS et al., 2025; ALMARWANI, 2023). A survey of Chilean physiotherapy students found high levels of negative stereotypes in a significant portion of the sample and lower scores for these stereotypes among participants who completed geriatrics and gerontology content (BRAVO-ROJAS et al., 2025). Results obtained from rehabilitation students and healthcare university students suggest that gerontological knowledge, intergenerational contact and attitudes about age are associated with the willingness to work with elderly people (ALMARWANI, 2023; VITMAN-SCHORR; ROZANI, 2025).

In the functional field, a Colombian population survey found an association between perceived ageism and recurrent falls, without allowing the establishment of a causal relationship between the phenomena (REYES-ORTIZ et al., 2024). This distinction is important because the available evidence involves different designs and often investigates attitudes, care experiences and indirect outcomes, not trials that directly measure the impact of ageism on physiotherapeutic effectiveness (FERNÁNDEZ-PUERTA et al., 2024; REYES-ORTIZ et al., 2024).

Given this, this review sought to identify and discuss evidence on the repercussions of ageism on access, choice and experience of physiotherapeutic treatment for older people, as well as coping strategies related to the training and organization of services.

2. Material and method

The bibliographic selection was organized based on PRISMA 2020, adopting the phases of identification, deduplication, thematic screening and narrative synthesis. This is a systematic review in preparation, as this stage exclusively used exported bibliographic data, without additional execution of independent searches, double screening or formal assessment of the risk of bias.

The question was structured by PICO adapted to research on exposure: P (population): elderly people, health professionals, physiotherapists and physiotherapy/rehabilitation students; I/E (intervention or exposure): attitudes, stereotypes or experiences related to ageism; C (comparison): absence or lesser intensity of ageism, different backgrounds or comparison groups when present; O (outcomes): selection and access to treatment, autonomy and participation in decisions, barriers to rehabilitation, professional training and functional indicators related to assistance.

The bibliographic search was carried out in the PubMed/MEDLINE, Virtual Health Library (VHL), including LILACS records, and Scientific Electronic Library Online (SciELO) databases, using controlled descriptors from the Medical Subject Headings (MeSH) and Health Sciences Descriptors (DeCS) vocabularies, associated with free terms in Portuguese, English and Spanish. The main descriptors selected are Ageism, Aged, Physical Therapy Modalities, Physical Therapists and Rehabilitation, combined using the Boolean operators AND and OR. The strategies were adapted to the particularities of each base, in order to identify studies related to ageism and its repercussions on the care and physiotherapeutic rehabilitation of elderly people. The selection of studies followed the PRISMA 2020 recommendations, with recording of the steps of identification, removal of duplicates, screening, eligibility assessment and inclusion.

We considered works published between 2021 and 2026, in Portuguese, English or Spanish, containing empirical evidence or structured reviews on ageism in elderly care or in scenarios directly related to access and training for rehabilitation. Cross-sectional, qualitative studies, intervention pilots, validation studies relevant to the assessment of attitudes and systematic, scoping or integrative reviews were admitted. Records with no connection between

ageism and care, protocols, exclusively conceptual essays, opinion documents and works whose themes were restricted to other fields without results transferable to physiotherapy were excluded.

Duplicates were identified by the standardized DOI and, when necessary, by the coincidence of the standardized title, preserving publications with different identifiers and content. 41 duplicate records were eliminated, resulting in 1,344 unique records. The screening was carried out by a main reviewer, by reading titles and abstracts, considering descriptors of ageism, ageism, ageism, age discrimination and terms of assistance, geriatrics and rehabilitation. This screening removed 1,284 records without a relevant thematic combination and sent 60 summaries for more detailed documentary analysis; 45 were excluded for not meeting the thematic and design eligibility criteria, leaving 15 publications for synthesis.

Authors, year, type of study, population or number of studies evaluated, pertinent outcomes and limits of clinical application were extracted from each selected study. The results were organized in a single table and discussed narratively, distinguishing evidence directly obtained in physiotherapy from indirect evidence from general health services. No meta-analysis was performed due to the diversity of populations, methods and outcomes. The full text evaluation stage, the independent double review and the formal analysis of the risk of bias remain pending, so the flowchart counts should be interpreted as bibliographic screening, and not as proof of a completed systematic review.

3. Results and discussion

3.1 Results of bibliographic selection

The three databases brought together 1,385 records, of which 572 were from PubMed, 794 from VHL and 19 from SciELO. After removing 41 duplicates, 1,344 records were subjected to screening by title and abstract. A set of 60 publications presented a potential combination between ageism and clinical, gerontological or rehabilitation contexts, and 15 were selected for the final narrative synthesis of this documentary phase. The studies presented observational, qualitative, psychometric, educational intervention designs and structured reviews. There was evidence directly related to physiotherapists and physiotherapy students, in addition to work on access to rehabilitation and care from healthcare professionals in general. Figure 1 details the screening flow and presents, in an integrated way, the characteristics and main results of all 15 studies.

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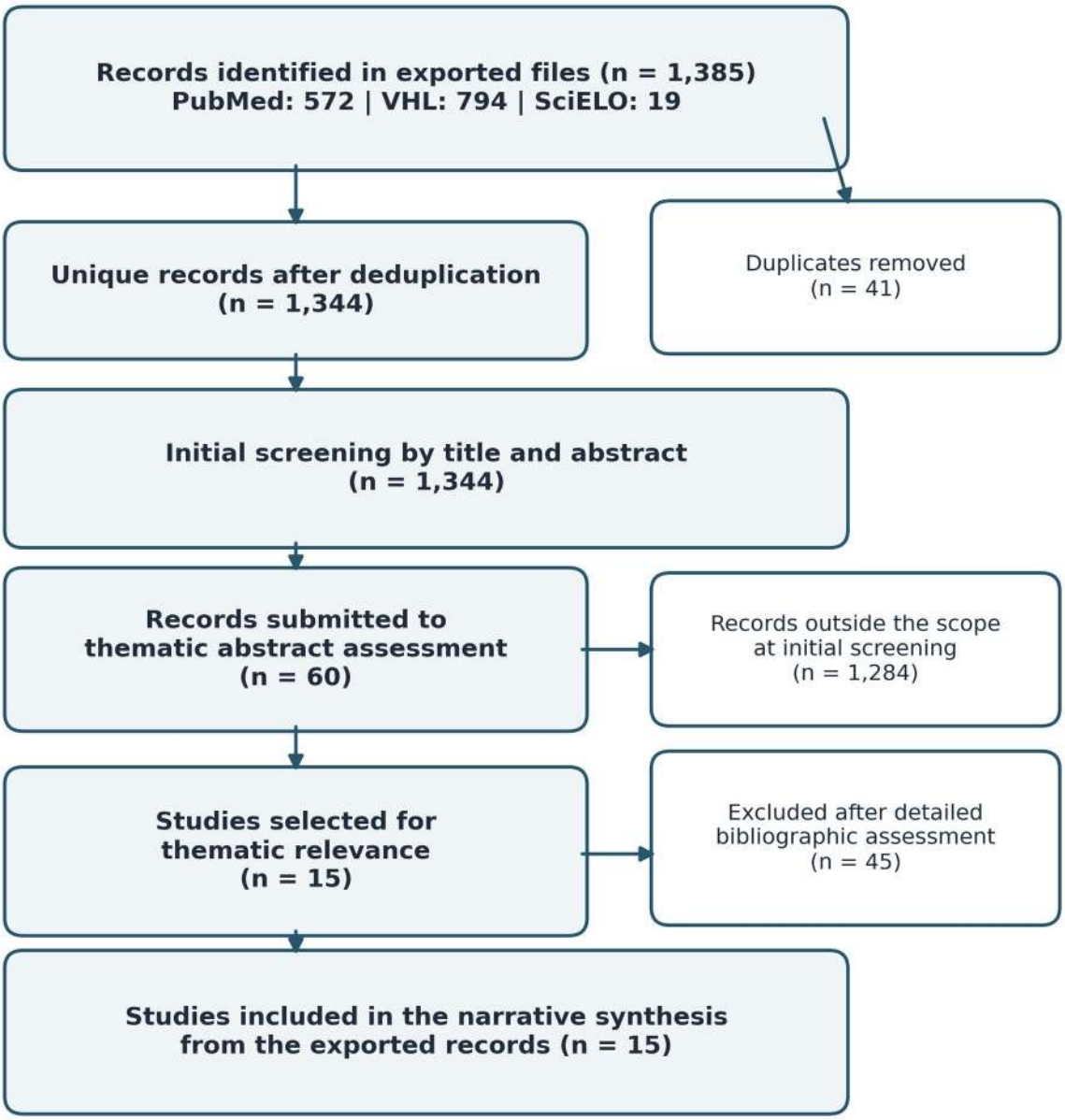
Figure 1 – PRISMA flowchart adapted to screening exported records.



Source: own elaboration based on exported records.

Table 1 below organizes the evidence into four columns, Author/year, Design and sample, Main results and Relationship with physiotherapy, structuring the transition between the methodological profile and clinical applicability. The data includes different designs, from cross-sectional and qualitative studies to systematic reviews, connecting the impact of ageism and negative stereotypes to access barriers and functional outcomes in elderly care.

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Table 1 – Characteristics and findings of the selected studies (n = 15).

Author / year	**Study design and sample**	**Main results**	**Relationship with physiotherapy**
NEIERTZ; WOUTERS; MANNHEIM (2023)	Cross-sectional; 78 physiotherapists from Luxembourg.	Negative attitudes about the use of technology by elderly people were associated with not offering digital treatment; An increase of 1 SD in negative attitude corresponded to approximately twice the chance of not offering.	Direct evidence of therapeutic choice potentially influenced by age bias.
WONG et al. (2026)	Scoping review; 16 studies on access to rehabilitation for people aged ≥50 years and with low back pain/stenosis.	Structural barriers included costs, transportation, delays, insufficient information and reports from professionals who naturalized low back pain as a consequence of age.	Direct context of access to rehabilitation; not all participants were ≥60 years old.
WILLIAMS; GENDRON (2026)	Pilot educational intervention; 58 physiotherapy students.	After a 60-minute seminar on gerontological theories, statistically significant improvements were observed, with small effects, in affinity and attitudes related to age.	Indicates educational potential, without proving sustained change in clinical practice.
BRAVO-ROJAS et al. (2025)	Cross-sectional; 96 physiotherapy students in Chile.	42.7% had a high level of negative stereotypes; completion of two geriatrics/gerontology modules was associated with a score 4.3 points lower (95%CI: −7.4 to −1.3; p=0.006).	Association between training and less stereotyping; does not demonstrate causality.
ALMARWANI (2023)	Cross-sectional; 293 rehabilitation students; 53% of physiotherapy.	Knowledge of aging (β=0.34; p<0.0001), coexistence (β=0.12; p=0.02) and importance of contact were associated with more favorable attitudes.	Reinforces training and intergenerational contact as educational targets.
VITMAN-SCHORR; ROZANI (2025)	Cross-sectional; 241 health students; 15.8% of physiotherapy.	Ageism was negatively correlated with willingness to care for the elderly (r=−0.18; p<0.05) and with gerontological knowledge (r=−0.19; p<0.05).	Indirect evidence for future availability of professionals in gerontology.

Author / year	Study design and sample	Main results	Relationship with physiotherapy
D'HONDT; AUJOULAT; DEGRYSE (2024)	Psychometric study; 265 paramedic students; 19.2% of physiotherapy.	Validation of an 18-item scale on infantilization, control, overaccommodation, unsolicited help and hostile ageism (α=0.866).	Attitude detection instrument; does not itself measure treatment effects.
MARTÍNEZ-ARNAU et al. (2022)	Systematic review and meta-analysis; 53 eligible studies, 14 in the quantitative synthesis.	Interventions focused on empathy improved student attitudes (reported standardized difference = 1.26; 95% CI: 0.04– 2.48; p=0.04).	It supports training strategies, without proving a direct improvement in physiotherapeutic results.
FERNÁNDEZ-PUERTA et al. (2024)	Systematic review; 15 studies on healthcare workers.	Overall ageism scores generally low but variable; Less knowledge and less geriatric experience were associated with less favorable attitudes in part of the studies.	It shows heterogeneity and the need to avoid generalizing biases to all professionals.
MARTÍNEZ-ANGULO et al. (2023)	Qualitative exploratory; 14 Spanish women over 65 years old.	Participants reported disregarding preferences, exclusion from decisions and impacts on the use of services and the perception of aging.	It points out the relevance of autonomy, communication and shared decision-making in care.
REYES-ORTIZ et al. (2024)	Cross-sectional population; 18,875 Colombians aged ≥60 years.	Perceived ageism was associated with recurrent falls (adjusted OR=1.81; 95% CI: 1.61–2.02); depression, IADL and multimorbidity participated in mediation analyses.	Relevant functional association, but does not prove that ageism caused falls.
ARAÚJO et al. (2023)	Scoping review; 41 articles about health services.	Identified interpersonal and institutional manifestations of ageism, including devaluation, barriers to access and neglect; highlighted education and communication as a means of coping.	Supports attention to clinical and organizational discrimination in rehabilitation services.

Author / year	Study design and sample	Main results	Relationship with physiotherapy
BRAGA et al. (2023)	Integrative review; 19 studies on discrimination in health services.	Prevalence of perceived discrimination varied between 2% and 42% in the studies evaluated; several social markers accompanied the experiences.	It does not allow attributing all observed discrimination exclusively to age.
SOSA et al. (2023)	Cross-sectional; 399 elderly people in Ecuador.	61.7% reported perception of discrimination, mainly related to age; health treatment and family environment were related dimensions.	Reinforces evaluation of user experience, without estimating effect on physiotherapeutic parameters.
MIHEVC; GALOF; ROTAR PAVLIČ (2026)	Qualitative; 38 healthcare professionals in 8 focus groups in Slovenia.	Professionals pointed to empathy, interprofessional collaboration, continuing education, leadership and institutional culture to combat age discrimination.	It suggests multilevel intervention that can be adapted to the organization of physiotherapy.

Source: own elaboration.

3.2 Discussion of findings

Bibliographical selection studies indicate that ageism in the care of elderly people can manifest itself even before the start of an intervention, through the selective offer of resources, disqualifying communication and obstacles in access to services (NEIERTZ; WOUTERS; MANNHEIM, 2023; ARAÚJO et al., 2023; WONG et al., 2026). However, the strength of this conclusion varies depending on the design, as research includes qualitative reports, cross-sectional surveys and scoping reviews, without uniformly establishing that prejudice has caused functional loss after physical therapy (FERNÁNDEZ PUERTA et al., 2024; WONG et al., 2026). The distinction between evidence directly obtained from physiotherapists and results observed in health services in general should guide clinical interpretation (NEIERTZ; WOUTERS; MANNHEIM, 2023; BRAGA et al., 2023).

Neiertz, Wouters and Mannheim specifically investigated the use of technologies in the physiotherapeutic treatment of elderly people, demonstrating that negative technological attitudes were associated with the decision not to make the modality available to the patient

(NEIERTZ; WOUTERS; MANNHEIM, 2023). The result shows that therapeutic exclusion does not necessarily depend on an explicit refusal of care, and may emerge as a clinical choice based on assumptions about the user's ability to adapt (NEIERTZ; WOUTERS; MANNHEIM, 2023). However, as the study was cross-sectional and used self-declared responses from 78 professionals, it cannot be inferred that the availability of technology, adherence or prognosis were effectively modified in directly observed situations (NEIERTZ; WOUTERS; MANNHEIM, 2023).

The review by Wong and collaborators expands this discussion by bringing together reports from adults aged 50 or over who had difficulties accessing rehabilitation for low back pain or spinal stenosis, including experiences in which symptoms were naturalized as inevitable consequences of age (WONG et al., 2026). In this scenario, ageism coexists with economic, geographic, informational and organizational barriers, which prevents attributing all obstacles to age discrimination in isolation (WONG et al., 2026). This interpretation converges with Araújo and collaborators, who described interpersonal and institutional expressions of discrimination in health services and the need to modify care and communication practices (ARAÚJO et al., 2023). The presence of participants under 60 years of age in the studies gathered by Wong also limits the full generalization of the findings to the elderly population according to the age group usually adopted in Brazil (WONG et al., 2026).

In the relational dimension, Martínez-Angulo and collaborators reported experiences of elderly women whose preferences were ignored and who had reduced participation in decisions related to their own health (MARTÍNEZ-ANGULO et al., 2023). Although the study did not evaluate physiotherapy sessions, the cautious transfer of this finding to rehabilitation highlights the importance of discussing functional objectives with the person being treated and not just with family members or professionals (MARTÍNEZ-ANGULO et al., 2023). Araújo and collaborators reinforce that the devaluation of elderly people can occur at an organizational level, so that changes restricted to the physiotherapist's individual attitude may not be sufficient when there are structural access barriers (ARAÚJO et al., 2023).

Research on professional training suggests opportunities to prevent ageism before full entry into the job market (BRAVO-ROJAS et al., 2025; ALMARWANI, 2023). Bravo-Rojas and collaborators identified high negative stereotypes in 42.7% of the 96 students evaluated, in addition to an association between completion of geriatrics and gerontology modules and a 4.3 point lower score on the instrument used (BRAVO-ROJAS et al., 2025). In Almarwani's research, carried out with 293 students from different rehabilitation courses, knowledge about aging and the experience of living with elderly people were associated with more favorable

attitudes, offering a convergent result for multidisciplinary training (ALMARWANI, 2023). However, the cross-sectional design of both studies prevents us from ensuring that educational exposure was the direct cause of the observed differences (BRAVO-ROJAS et al., 2025; ALMARWANI, 2023).

The relationship between training and professional disposition was also explored by Vitman Schorr and Rozani, who observed a negative correlation between ageism and the intention to work with elderly people, in a sample that included physiotherapy, nursing and medicine students (VITMAN-SCHORR; ROZANI, 2025). The study offers a plausible explanation for the influence of stereotypes on the choice of fields, but it did not measure the hiring or future behavior of these students in assistance services (VITMAN-SCHORR; ROZANI, 2025). Fernández-Puerta and colleagues, in turn, reported that ageism scores among healthcare workers tended to be low in several studies, although worse results appeared in some professionals with less geriatric training or experience (FERNÁNDEZ-PUERTA et al., 2024). This heterogeneity opposes the idea that all professionals reproduce high and uniform levels of discrimination (FERNÁNDEZ PUERTA et al., 2024).

Among the possible interventions, Martínez-Arnau and collaborators found an improvement in attitudes in university students undergoing empathy, knowledge and skills development activities related to aging (MARTÍNEZ-ARNAU et al., 2022). In a pilot study focused on physiotherapy, Williams and Gendron observed small immediate improvements in measures of attitudes and interest after a 60-minute gerontological seminar with 58 students (WILLIAMS; GENDRON, 2026). The convergence between the meta-analysis and the pilot intervention favors the incorporation of training activities with contact and gerontological reflection, but the pilot study does not demonstrate maintenance of effects or direct improvement in patients' function (MARTÍNEZ-ARNAU et al., 2022; WILLIAMS; GENDRON, 2026).

Measuring ageism also depends on instruments capable of identifying subtle manifestations, such as infantilization, excessive control, overaccommodation and unsolicited help (D'HONDT; AUJOULAT; DEGRYSE, 2024). The validation of the AAShc scale with 265 paramedic students showed promising psychometric properties for evaluating attitudes in health training scenarios, including among physiotherapy students (D'HONDT; AUJOULAT; DEGRYSE, 2024). However, an attitude scale score should not be treated as a direct measure of functional impairment, effectiveness of a technique or clinical quality observed during care (D'HONDT; AUJOULAT; DEGRYSE, 2024).

Regarding possible outcomes, Reyes-Ortiz and collaborators found an association between perceived ageism and recurrent falls in a large sample of elderly Colombians, even after statistical adjustments (REYES-ORTIZ et al., 2024). The association is relevant for the physiotherapeutic assessment of functionality, but does not demonstrate that discriminatory attitudes of physiotherapists have caused falls nor that an anti-aging intervention reduces their occurrence (REYES-ORTIZ et al., 2024). In another context, Sosa and collaborators identified a significant perception of discrimination among elderly people in Ecuador, while Braga and collaborators showed wide variation in the prevalence of discrimination in the use of health services (SOSA et al., 2023; BRAGA et al., 2023). The breadth of results reflects differences in population, definition and instruments and prevents the production of a single prevalence estimate for physiotherapeutic practice (BRAGA et al., 2023; FERNÁNDEZ PUERTA et al., 2024).

The qualitative results of Mihevc, Galof and Rotar Pavlič support that education, interprofessional collaboration, leadership and institutional culture participate in combating ageism in healthcare (MIHEVC; GALOF; ROTAR PAVLIČ, 2026). These dimensions can guide actions in physiotherapy services, such as respectful language, shared decisions, review of referral criteria and continuing education, as long as they are subsequently evaluated regarding real care effects (MIHEVC; GALOF; ROTAR PAVLIČ, 2026; ARAÚJO et al., 2023). The implementation of institutional measures must coexist with individual assessments of the clinical condition and functionality, preventing age from being used as a substitute for the person's assessment (NEIERTZ; WOUTERS; MANNHEIM, 2023; WONG et al., 2026).

The main limitation of this synthesis is that the selection did not assess the risk of bias of the studies. This methodological heterogeneity also makes it difficult to quantitatively compare studies by students, professionals, users and reviews that bring together different outcomes. Therefore, the conclusions should be understood as a critical and preliminary bibliographic synthesis, requiring confirmation by a full systematic review before affirming the magnitude of the effect of ageism on specific physiotherapy results.

Final considerations

The synthesis of studies suggests that ageism can influence the care of elderly people through restrictive therapeutic decisions, less participation in care choices and barriers to access to rehabilitation. The evidence most directly related to physiotherapy refers to the failure to offer digital treatments in association with negative attitudes about age and technology; the

other results expand the interpretation to professional education, organization of services and user experiences.

Gerontological training, contact with elderly people, person-centered communication and the review of institutional routines emerge as plausible ways to combat ageism. However, the studies identified cannot infer that changes in professional attitudes produce, by themselves, measurable improvements in strength, gait, balance, pain or functional independence. To support stronger clinical conclusions, it is necessary to assess the risk of bias and investigate specific outcomes of physical therapy treatment.

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