
The Relationship Between Physiotherapy Therapeutic Communication And Parents' Self-Efficacy In Implementing Home Programs For Children With Special Needs At The Special Children's Center Clinic In Medan

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Abstract

The success of home programs for children with special needs is greatly influenced by the active involvement of parents. One factor thought to play a role in increasing parental self-efficacy is therapeutic communication conducted by physiotherapists during the rehabilitation process. Effective therapeutic communication can improve parents' understanding, motivation, and confidence in carrying out exercises independently at home. This study aims to analyze the relationship between physiotherapy therapeutic communication and parental self-efficacy in implementing home programs for children with special needs at the Special Children's Center Clinic. This study used an observational, analytical quantitative design with a cross-sectional approach. The study sample consisted of 22 parents of children with special needs selected using a total sampling technique. Data collection was conducted using the Physiotherapy Therapeutic Communication Instrument and the Home Program Self-Efficacy Questionnaire. Data analysis included univariate analysis, the Shapiro–Wilk normality test, and the Spearman Rank correlation test with a significance level of $p < 0.05$. The results of this study showed that most respondents rated physiotherapy therapeutic communication as good (81.8%) and had a high level of self-efficacy (68.2%). The Spearman Rank correlation test showed a significant positive relationship between physiotherapy therapeutic communication and parental self-efficacy in implementing home programs ($r_s = 0.432$; $p = 0.045$). This study concluded that there was a significant positive relationship between physiotherapy therapeutic communication and parental self-efficacy in implementing home programs for children with special needs. Improving the quality of physiotherapy therapeutic communication has the potential to increase parental confidence in carrying out exercises at home, thus supporting the success of child rehabilitation.

Keywords: Therapeutic Communication, Physiotherapy, Self-Efficacy, Home Programs, Children With Special Needs.

INTRODUCTION

Children with special needs (ABK) are a group of children who experience limitations in physical, sensory, intellectual, neurological, or behavioral development, requiring continuous, comprehensive, and multidisciplinary health services. UNICEF reports that there are approximately 240 million children with disabilities worldwide, or approximately one in ten children globally. These children are at higher risk of experiencing limitations in access to health services, education, rehabilitation, and social participation compared to children without disabilities. This situation emphasizes the need for child- and family-centered rehabilitation services to be a priority in improving the quality of life for children with special needs (UNICEF, 2021; WHO, 2024).

Pediatric rehabilitation is a health care process aimed at optimizing functional abilities, increasing participation, and maintaining a child's quality of life through a multidisciplinary approach. Within this rehabilitation, physiotherapy plays a crucial role in improving motor skills, balance, coordination, mobility, and functional activities in children with special needs. However, the success of physiotherapy interventions is not solely determined by the therapy provided during clinic sessions but also by the continuity of exercises performed at home (home program). Therefore, a family-centered care approach positions the family, particularly parents, as active partners in the entire rehabilitation process, making their involvement a crucial factor in therapy success (Heliyon, 2024;

WHO, 2024). A home program is a series of exercises or therapeutic activities designed by a physiotherapist to be independently implemented at home as a continuation of interventions provided in the clinic. Consistent implementation of home programs has been shown to improve functional abilities, maintain therapy results, and accelerate the achievement of rehabilitation goals in children with special needs. However, various studies indicate that parental compliance with home programs remains a major challenge. These barriers are influenced by various factors, such as time constraints, lack of understanding of the exercises, low motivation, and parents' lack of confidence in their own ability to perform the exercises according to the physiotherapist's instructions (Heliyon, 2024).

The concept of self-efficacy, proposed by Bandura in Social Cognitive Theory, explains that self-efficacy is an individual's belief in their ability to organize and carry out the actions necessary to achieve a specific goal. Individuals with high self-efficacy tend to be more confident in facing obstacles, have greater motivation, maintain effort when faced with difficulties, and are more consistent in completing a task. In the context of pediatric rehabilitation, parental self-efficacy is an important determinant because it influences their confidence in understanding physiotherapist instructions, performing exercises correctly, overcoming obstacles during home exercises, and maintaining the sustainability of the planned home program (Bandura, 1997; Schwarzer & Warner, 2013). Therapeutic communication is one of the main competencies of physiotherapists in providing patient- and family-centered services. Therapeutic communication not only functions as a means of conveying information about diagnosis and exercise procedures, but also as a medium for building trusting relationships, providing emotional support, increasing parental understanding, and empowering families in the rehabilitation process. Based on Bandura's theory, verbal persuasion is one of the main sources of self-efficacy formation. Therefore, effective therapeutic communication is expected to increase parents' confidence in implementing home programs independently and consistently. Recent systematic reviews also indicate that verbal communication, education, counseling, and caregiver empowerment are important components in increasing the effectiveness of rehabilitation for children with neuromotor disorders (Bandura, 1997; Verhoef et al., 2024). Although research on home programs, family-centered care, and exercise adherence has grown in recent years, most studies still focus on intervention effectiveness, adherence rates, or child clinical outcomes. Research specifically evaluating the relationship between physiotherapist therapeutic communication and parental self-efficacy in implementing home programs for children with special needs is still very limited, especially in Indonesia. Furthermore, most previous studies evaluated therapeutic communication or self-efficacy as stand-alone variables, thus making it difficult to assess the relationship between therapeutic communication and parental self-efficacy in implementing home programs for children with special needs.

RESEARCH METHODS

This study is a quantitative, observational, analytical design using a cross-sectional approach to analyze the relationship between physiotherapist therapeutic communication and parental self-efficacy in implementing home programs for children with special needs at the Special Children's Center Clinic. A cross-sectional approach was chosen because the independent and dependent variables were measured simultaneously, allowing for efficient analysis of the relationships between variables within a single data collection period. The study was conducted at the Special Children's Center Clinic, Medan City, from May to June 2026. The study population consisted of all parents of children with special needs who underwent physiotherapy at the clinic and received education about home programs from physiotherapists. The study sample was determined using a total sampling technique, meaning all members of the population who met the inclusion criteria were included as respondents. Based on the number of parents who met the criteria during the study period, a total of 22 respondents were obtained. Inclusion criteria included parents accompanying their children during physiotherapy, aged 18 years or older, having received home program education from a physiotherapist, being able to

communicate in Indonesian, and being willing to participate by signing an informed consent. Respondents who did not complete the questionnaire completely or did not assist with the implementation of the home program at home were excluded from the study.

The independent variable in this study was physiotherapy therapeutic communication, while the dependent variable was parental self-efficacy in implementing the home program. In addition to these two variables, respondent characteristics were also collected, including age, gender, education level, occupation, child's diagnosis, and duration of physiotherapy. Physiotherapy therapeutic communication was measured using the Physiotherapy Therapeutic Communication Instrument, while parental self-efficacy was measured using the Home Program Self-Efficacy Questionnaire. Both instruments used a Likert scale and were selected because they were appropriate for evaluating parents' perceptions of physiotherapist communication and their confidence in implementing the home program independently at home. Prior to use in the study, the instruments underwent validity and reliability testing in accordance with quantitative research procedures, ensuring their suitability as measurement tools. Data collection was conducted after obtaining approval from the Health Research Ethics Committee and research permits from the Special Children's Center Clinic. All respondents were provided with an explanation of the study's purpose, benefits, procedures, data confidentiality, and the right to discontinue participation at any time without affecting the physiotherapy services they received. After signing the informed consent form, respondents were asked to complete the questionnaire independently, with assistance from the researcher if necessary.

Data analysis was performed using IBM SPSS Statistics version 27.0. Univariate analysis was used to describe respondent characteristics and the distribution of physiotherapy therapeutic communication and parental self-efficacy scores. Given the 22 respondents, a Shapiro–Wilk test for normality was performed. If the data were normally distributed, the relationship between physiotherapy therapeutic communication and self-efficacy was analyzed using the Pearson Product Moment correlation test. Conversely, if the data were not normally distributed, the Spearman Rank correlation test was used. All statistical tests were performed at a significance level of $p < 0.05$ with a 95% confidence interval.

RESULTS AND DISCUSSION

Respondent Characteristics

A total of 22 parents of children with special needs at the Special Children's Center Clinic in Medan participated in this study. Respondent characteristics included age, gender, education level, occupation, child diagnosis, and duration of physiotherapy.

Table 1. Characteristics of the Research Sample

Characteristics	Frequencyn=22	Percentage (%)
Gender of Parents		
Female	16	72,7
Male	6	27,3
Education		
High School	8	36,4
Diploma (D3)	4	18,2
Bachelor's Degree (S1)	10	45,4
Occupation		
Housewife	6	27,3
Private Employee	6	27,3

Characteristics	Frequencyn=22	Percentage (%)
Self-Employed	5	22,7
Civil Servant	2	9,1
Teacher	3	13,6
Pediatric Diagnosis		
Autism Spectrum Disorder	13	59,1
Cerebral Palsy	4	18,2
ADHD	2	9,1
Global Developmental Delay	1	4,5
Speech Delay	1	4,5
Parental Age		
25 - 35 Years	10	45
35 - 45 Years	12	55
Duration of Therapy		
0 – 1 Year	10	45
1 – 2 Years	9	41
2 – 3 Years	3	14

Description of Therapeutic Communication Results

Based on the data available in Table 2, all respondents' perceptions of therapeutic communication fell into the Good, Adequate, and Poor categories, as seen in the table below.

Table 2. Therapeutic Communication Results

Category	Frequency n=22	Presentation (%)
Good	18	81.8%
Sufficient	4	18.2%
Poor	0	0

Description of Home Program Self-Efficacy Results

Based on the data available in Table 3, all respondents' Home Program Self-Efficacy scores fell into the High, Medium, and Low categories, as shown in the table below.

Table 3. Self-Efficacy Home Program Results

Category	Frequency n=22	Presentation (%)
High	15	68.2%
Medium	7	31.8%
Low	0	0

Data Normality Test

Variabel	Data Normality with Shapiro Wilk Test (p)	Keterangan
Komunikasi Terapeutik Fisioterapi	0.011	Berdistribusi Tidak Normal
Self-Efficacy Home Program	0.328	Berdistribusi Normal

For the normality test, the Physiotherapy Therapeutic Communication data obtained p = 0.011 (P <0.05), which means that the data is not normally distributed. Meanwhile, for the normality test of

the Self-Efficacy Home Program, the p value was 0.328 ($P>0.05$), which means that the data is normally distributed.

Correlation Test

Table 3. Spearman Rank Correlation Test

Variable	Correlation Coefficient (r_s)	p-value	Interpretation
The Relationship Between Physiotherapy Therapeutic Communication and Home Program Self-Efficacy	0.432	0.045	Moderate and significant positive relationship

Based on the Spearman Rank correlation test, the correlation coefficient was obtained as $r_s = 0.432$ with a significance value of $p = 0.045$. A p value <0.05 indicates a statistically significant relationship between therapeutic communication by physiotherapists and parental self-efficacy in implementing home programs for children with special needs at the Medan Special Children's Center Clinic.

A positive correlation coefficient indicates a unidirectional relationship between the two variables, meaning that the better the therapeutic communication provided by the physiotherapist, the higher the level of parental self-efficacy in implementing the home program. Based on the interpretation of the correlation strength, the $r_s = 0.432$ falls into the moderate correlation category.

Discussion

Based on the research results, it was found that the majority of respondents were female (72.7%), while only 27.3% were male. This finding indicates that mothers remain the most dominant primary caregivers in accompanying children with special needs during physiotherapy and during home programs. The mother's greater role in the rehabilitation process is inseparable from the parenting culture in Indonesia, where mothers generally have more time to accompany their children's daily activities, including attending therapy sessions and implementing exercises provided by physiotherapists. The active involvement of mothers also provides greater opportunities for direct education from physiotherapists, thus enhancing understanding of the goals and procedures of home programs (Novak et al., 2020; Rosenbaum et al., 2022).

These results align with research by Sari et al. (2022), which reported that 76.4% of caregivers of children with special needs participating in rehabilitation programs in Indonesia were biological mothers, while fathers only served as occasional companions. Putri and Handayani's (2023) research also found that more than 70% of pediatric physiotherapy respondents were mothers, as mothers interact more frequently with their children during home exercises. Similarly, research by Anaby et al. (2021) demonstrated that mothers are the primary decision-makers in child rehabilitation and are more involved in the successful implementation of family-centered care. This situation reinforces the fact that mothers are the primary target for therapeutic communication delivered by physiotherapists, and the quality of their communication significantly impacts the success of home programs.

Based on educational level, the majority of respondents had a bachelor's degree (45.4%), followed by high school graduates (36.4%) and diploma graduates (18.2%). A relatively high level of education is thought to contribute to parents' ability to understand health information, receive education about their child's condition, and independently implement home program instructions. Individuals with higher levels of education generally have better health literacy, making it easier to understand physiotherapist explanations and apply them to their daily lives. Furthermore, the ability to understand information also influences self-efficacy in consistently performing exercises at home (Nutbeam & Lloyd, 2021; Sentell et al., 2022).

These findings align with research by Kurniawati et al. (2023), which reported that parents with at least a diploma had higher adherence to home exercise programs than parents with lower educational levels. Research by Camden and Silva (2021) also showed that education was associated

with caregivers' ability to understand rehabilitation instructions, thus increasing the success of home exercise programs. These results indicate that educational background is a contributing factor to the success of therapeutic communication between physiotherapists and parents.

Based on occupation, the majority of respondents were housewives (27.3%) and private employees (27.3%), followed by self-employed individuals, teachers, and civil servants. This occupational distribution illustrates that most parents still have the opportunity to accompany their children to therapy regularly despite varying work activities. Parents with flexible schedules tend to find it easier to attend educational sessions and do exercises with their children at home than those with busy work schedules. Time availability is a factor contributing to the successful implementation of home programs, as exercises require consistency and supervision from caregivers (Novak et al., 2020; World Physiotherapy, 2023).

The characteristics of children's diagnoses indicate that Autism Spectrum Disorder (59.1%) is the most common diagnosis, followed by Cerebral Palsy (18.2%), ADHD (9.1%), Global Developmental Delay (4.5%), and Speech Delay (4.5%). The high proportion of children with autism spectrum disorders is thought to be related to increased parental awareness of the importance of early intervention and the growing need for multidisciplinary rehabilitation services for children with developmental disabilities. Children with autism spectrum disorders generally require repeated exercises at home, so the success of therapy depends heavily on the active involvement of parents as implementers of the home program. Therefore, effective therapeutic communication between physiotherapists and parents is a crucial component to ensure that exercises are performed correctly and sustainably (Zwaigenbaum et al., 2022; Hyman et al., 2020). The average age of parents in the study

Discussion of Physiotherapy Therapeutic Communication

The results of the study showed that the majority of respondents (81.8%) rated the therapeutic communication provided by physiotherapists as good, while 18.2% rated it as fair. These findings indicate that physiotherapists at the Special Children's Center Clinic have been able to establish effective communication with parents throughout the physiotherapy service process. Good therapeutic communication is demonstrated through the physiotherapist's ability to explain the child's condition, therapy goals, and home program procedures, provide opportunities for parents to ask questions, and provide motivation throughout the rehabilitation process. Effective communication is a core competency of physiotherapists because it not only enhances the family's understanding of the interventions provided but also builds a trusting relationship (therapeutic alliance) that supports successful rehabilitation (World Physiotherapy, 2023; Hall et al., 2022).

The high ratings for therapeutic communication in this study may be influenced by the family-centered care approach that is increasingly being implemented in pediatric rehabilitation services. This approach positions the family as a primary partner in the decision-making process and intervention implementation, enabling communication between physiotherapists and parents to be more open, collaborative, and oriented toward the family's needs. In the context of children with special needs, physiotherapists serve not only as therapists but also as educators and facilitators, helping families understand their child's condition and how to correctly perform home exercise. This approach has been shown to increase family satisfaction with rehabilitation services and strengthen parental involvement in the therapy process (Camden & Silva, 2021; Rosenbaum et al., 2022).

The results of this study align with those of Camden and Silva (2021), who reported that open communication, clear information, and family involvement in the rehabilitation process are associated with increased parental participation in home exercise programs. Research by Hall et al. (2022) also found that effective communication between physiotherapists and families improves the quality of the therapeutic relationship and improves adherence to home exercise programs. Similarly, research by Novak et al. (2020) showed that the success of physiotherapy interventions in children is greatly influenced by the healthcare provider's ability to build collaborative relationships with families through clear, empathetic, and ongoing communication.

Theoretically, the results of this study align with the concept of therapeutic communication proposed by Peplau and developed in modern healthcare practice. The therapeutic relationship is built through a continuous process of orientation, needs identification, intervention implementation, and evaluation. In pediatric physiotherapy, effective communication enables the physiotherapist to understand the family's needs, tailor education to the parents' level of understanding, and increase the family's motivation to actively participate in the rehabilitation process. Therefore, therapeutic communication is not only a medium for conveying information but also an intervention that influences the overall success of rehabilitation.

Discussion Home Program Self-Efficacy

This study shows that the majority of respondents (68.2%) had a high level of self-efficacy in implementing the home program, while 31.8% were in the moderate category. These results indicate that the majority of parents have good confidence in their ability to independently carry out the exercises taught by the physiotherapist at home. High self-efficacy is crucial for the success of the home program, as parents who are confident in their abilities are more consistent in carrying out the exercises, better able to overcome obstacles, and more confident when facing difficulties during the rehabilitation process (Bandura, 1997; Usher & Pajares, 2023).

According to Bandura's theory, self-efficacy is influenced by four main sources: mastery experience, vicarious experience, verbal persuasion, and physiological and emotional states. In the context of this study, education provided by physiotherapists through therapeutic communication can function as a form of verbal persuasion that increases parents' confidence in implementing the home program. Furthermore, parents' success in seeing their child's development after regular exercise also serves as a successful experience that further strengthens their self-efficacy (Bandura, 1997; Schunk & DiBenedetto, 2021).

These research findings align with those of Picha et al. (2019), which found that individuals with high levels of self-efficacy demonstrated better adherence to home exercise programs than those with low levels. Research by Jack et al. (2021) also reported that confidence in one's own abilities was a key predictor of successful home exercise implementation in rehabilitation patients. Meanwhile, research by Camden et al. (2022) showed that parents who received consistent education from rehabilitation professionals had higher levels of confidence in assisting their children with home exercises than those who only received written instructions.

Although most respondents had high self-efficacy, there were still some respondents with moderate levels of confidence. This indicates that not all parents share the same level of confidence in implementing home programs. These differences can be influenced by various factors, such as education level, childcare experience, family support, psychological well-being, caregiving burden, and the complexity of the exercises required at home. Therefore, physiotherapists need to provide individualized education, conduct live exercise demonstrations, and conduct regular evaluations of the home program to ensure parents fully understand each exercise procedure.

Discussion of the Relationship between Physiotherapy Therapeutic Communication and Home Program Self-Efficacy

The results of the correlation test showed a significant positive relationship between physiotherapy therapeutic communication and parental self-efficacy in implementing the home program ($r_s = 0.432$; $p = 0.045$). The correlation coefficient value indicates a moderate strength of the relationship, meaning that the better the therapeutic communication provided by the physiotherapist, the higher the parents' confidence in implementing the home program. This finding supports the research hypothesis that therapeutic communication is a contributing factor to the development of parental self-efficacy during the rehabilitation process for children with special needs.

Theoretically, the results of this study can be explained through Bandura's Social Cognitive Theory, which posits that verbal persuasion is a primary source of self-efficacy development. In physiotherapy practice, therapeutic communication through clear explanations, easy-to-understand language, constructive feedback, exercise demonstrations, and positive reinforcement will increase

parents' confidence in their ability to perform exercises correctly at home. When parents feel understood, supported, and given the opportunity to discuss, they will be more confident in implementing a home program independently (Bandura, 1997; Schunk & DiBenedetto, 2021).

The results of this study are consistent with those of Hall et al. (2022), which showed that the quality of communication between physiotherapists and patients is associated with increased adherence to rehabilitation programs. Research by Camden and Silva (2021) also reported that family-centered communication increases parental involvement in the rehabilitation process and improves home program implementation. Furthermore, research by Picha et al. (2019) explains that increased self-efficacy is an important mechanism underlying the success of independent exercise implementation, so interventions that increase self-confidence will positively impact exercise adherence.

However, the moderate correlation coefficient indicates that parental self-efficacy is not solely influenced by therapeutic communication. Other factors such as education level, experience caring for children, the severity of the child's condition, social support, intrinsic motivation, psychological well-being, and access to rehabilitation services also have the potential to influence parents' ability to implement a home program. Therefore, therapeutic communication needs to be combined with a comprehensive educational strategy, the provision of easy-to-understand learning media, and regular follow-up to ensure parents receive ongoing support throughout the rehabilitation process.

Clinically, the results of this study imply that improving physiotherapists' communication competencies should be a crucial part of pediatric physiotherapy services. Training in therapeutic communication, family-based educational techniques, the use of teach-back methods, exercise demonstrations, and the provision of digital educational media can be strategies to improve parental self-efficacy. By increasing parental confidence in implementing the home program, it is hoped that adherence to home exercises will improve, thereby optimally achieving the rehabilitation goals of children with special needs.

CONCLUSION

This study shows that the majority of parents of children with special needs at the Special Children's Center Clinic perceive the therapeutic communication provided by physiotherapists as good (81.8%), while the majority perceive their self-efficacy in implementing the home program as high (68.2%). These findings indicate that effective therapeutic communication plays a role in building parents' confidence to carry out exercises independently at home. Analysis using the Spearman Rank correlation test revealed a significant positive relationship between physiotherapy therapeutic communication and parental self-efficacy in implementing the home program for children with special needs ($r_s = 0.432$; $p = 0.045$). This relationship indicates that the better the therapeutic communication provided by the physiotherapist, the higher the parents' self-efficacy in implementing the home program. These findings confirm that therapeutic communication is an important component of pediatric physiotherapy services. Therefore, physiotherapists need to optimize communication skills by conveying clear information, using easy-to-understand language, providing opportunities for parents to discuss, demonstrating appropriate exercises, and providing ongoing feedback. These efforts are expected to increase parental self-efficacy, leading to more consistent implementation of home programs and ultimately supporting the successful rehabilitation of children with special needs.

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