



Assessment of Student Physical Therapists' Knowledge and Attitudes of Opioid Overdose Following Naloxone Training

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INTRODUCTION

- Opioid overdose is a prevalent problem throughout the United States.
- Physical therapists frequently work with patients utilizing opioid medications and would likely benefit from training to recognize and respond to overdose emergencies.
- Previous studies have investigated changes in opioid overdose knowledge and attitudes following participation in naloxone training for students in programs including medicine, social work, and pharmacy, however to our knowledge the outcomes of implementing this training in physical therapy programs has not been studied.

PURPOSE:

The purpose of this study is to assess changes in physical therapy students' opioid overdose knowledge and attitudes following participation in naloxone training to increase awareness and provide student physical therapists with tools to respond to these emergent situations.

METHODS/MATERIALS

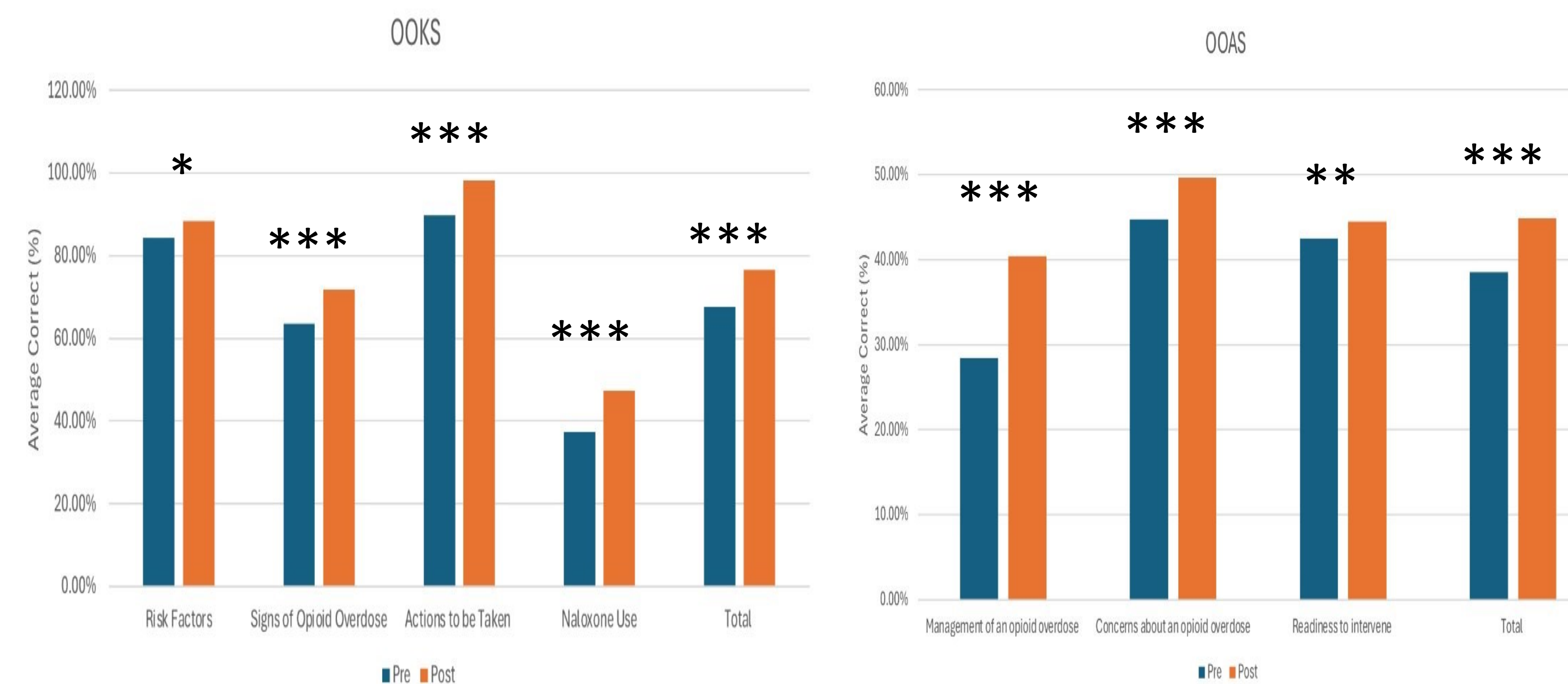
Participants: Sixty-four Doctor of Physical Therapy Student at Bellarmine University (Class of 2026)

Training: Training to recognize signs of opioid overdose and utilize naloxone was implemented by a trainer with the Kentucky Harm Reduction Coalition with supplemental information from the American Physical Therapy Association's position on naloxone use provided.

Questionnaires: Pre- and post-questionnaires were completed by participants including two standardized measures, the Opioid Overdose Knowledge Scale (OOKS) and the Opioid Overdose Attitude Scale (OOAS). A satisfaction survey was administered four months after the training. **Data Analysis:** Paired t- tests were used to compare pre and post OOKS and OOAS questionnaire results. Data were expressed as means with significance set at $p < 0.05$ (* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$). Satisfaction survey responses were reported.

RESULTS

Pre- and Post-Training Knowledge and Attitudes of Opioid Overdose



Students Reported Satisfaction with Training

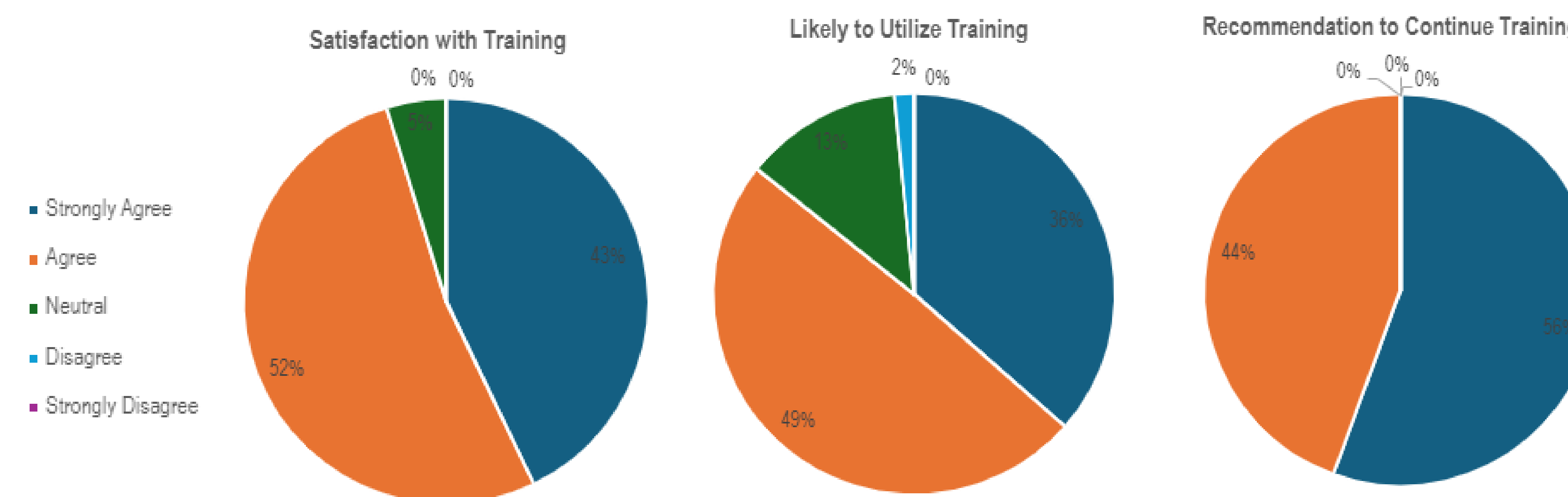


Table 1. Responses to open ended response question "What aspects of training were most useful?"

| Theme of Response | Percentage of Respondents |
|---------------------------------------------------------------------|---------------------------|
| Recognizing signs and symptoms of overdose | 39.7% |
| Steps to take when encountering an overdose/naloxone administration | 38.1% |
| Lecture and handout material provided | 14.3% |
| Presenter with personal experience | 7.9% |
| How naloxone works | 7.9% |
| Kits provided | 6.3% |
| Pre and post knowledge assessments | 3.2% |
| All information was useful (N/A) | 4.8% |
| Unanswered | 12.7% |

Table 2. Responses to open ended question "What could be done to improve this training?"

| Theme of Response | Percentage of Respondents |
|------------------------------------------------|---------------------------|
| Hands-on training and practice | 25.4% |
| In-person or video demonstrations and examples | 17.5% |
| Additional handouts | 9.5% |
| Follow-up training | 4.7% |
| Differentiating between types of overdose | 1.6% |
| No recommended changes (N/A) | 25.4% |
| Unanswered | 14.3% |

CONCLUSIONS

- Participation in training to recognize signs of opioid overdose and utilize naloxone was associated with an increase in knowledge and attitudes regarding opioid overdose in physical therapy students.
- Students were satisfied with the training, indicating that recognizing signs and symptoms of overdoses and the steps taken to provide help during an overdose were most useful. Suggestions to improve training primarily focused on incorporating hands on simulation scenarios and in-person/video demonstrations.

CLINICAL RELEVANCE

- The APTA -HOD position statement supports physical therapist services having access to naloxone to be administered in case of opioid overdose.
- Prelicensure training for physical therapy students on opioid overdose and the use of naloxone may help ensure that entry-level clinicians are adequately prepared to manage opioid overdose emergency situations.

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REFERENCES

