



Trauma-Focused Physiotherapy Outcomes Among Survivors in Jordan: Reflecting on 10 Years of Data

Program Description & Context

Jordan hosts one of the largest refugee populations per capita in the world. In June 2026, the country was home to over 400,000 registered refugees and asylum seekers, mostly from Syria, Iraq, Yemen, Sudan, and Somalia (UNHCR, 2026). Evidence indicates that chronic pain, functional impairment, and poor physical health frequently coexist with post-traumatic stress and other mental health difficulties among refugees in Jordan, highlighting the need for integrated mental health and rehabilitation services (McCuen et al., 2024; Powell et al., 2020; WHO, 2022).

To address the psychosocial needs of refugees and asylum seekers in Jordan, CVT began providing individual and group counseling, home visits, and referrals in 2008. In 2010, CVT expanded its services by introducing trauma-focused physiotherapy (TF-PT) to the Jordan program. CVT's TF-PT aims to address the physical, functional, and psychological impacts of trauma. In Jordan, the TF-PT intervention was delivered as a 10-week, in-person, group-based program of 10 sessions, integrating three core components: (1) Self-regulation and body-based strategies designed to support nervous system stabilization; (2) Physiotherapy exercises to improve pain, strength, mobility and other functions; and (3) Cognitive and behavioral strategies to promote adaptive coping, challenge unhelpful beliefs, and support recovery. Together, these three components aim to reduce symptoms, improve functioning, and build survivors' confidence in managing their health and well-being.

In this evidence brief, we highlight TF-PT pre-post client data over a 10-year period to examine changes in key outcomes. Notably, CVT clients were often receiving other variable services, such as mental health counseling, at the same time as receiving TF-PT. As a result, the data represents TF-PT outcomes within an integrated services model.

Evidence Collected

Pre- and post-assessments were completed by CVT staff for 1,221 TF-PT clients between March 2015 and January 2025 (N = 3,468; 35% response rate). The survey included an adapted version of the Disability Rating Index (DRI) and CVT created measures to assess pain, sleep, social participation, social functioning, and coping and outlook ($\alpha \geq .70$ for each).

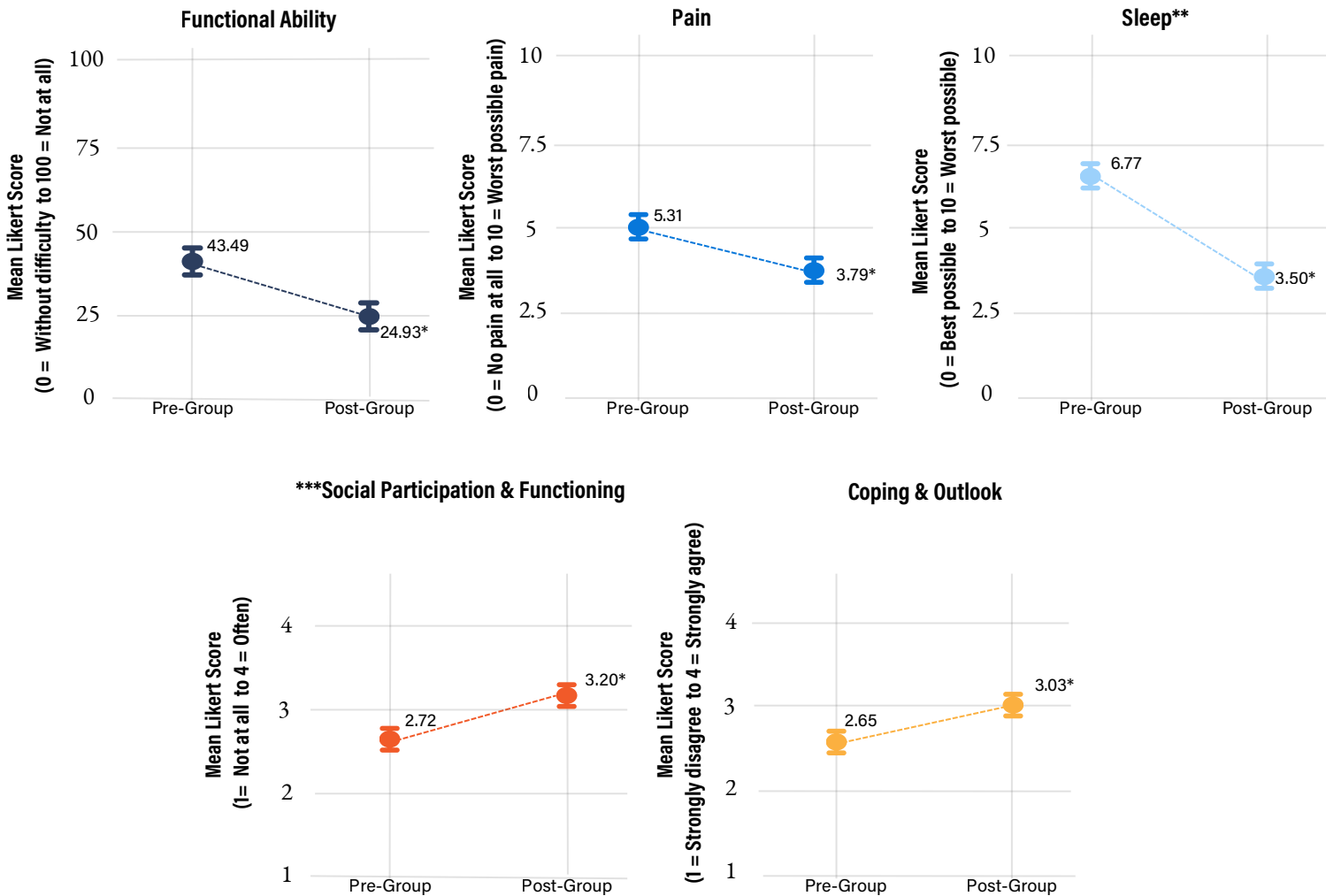
The DRI measures the ability to perform daily activities (e.g. walking, dressing, standing), using a scale from 0 to 100mm (0 = no difficulty in performing the activity and 100 = the activity is impossible to perform). The pain measure focuses on current and recent pain/discomfort (0 = no pain at all and 10 = worst pain possible); the sleep measure examines ability to fall/stay asleep, discomfort while sleeping, and sleep quality overall (0 = worst possible sleep and 10 = best possible, results are reverse coded below). The social participation and functioning measure examines participation in social activities while considering current health and physical condition (e.g. ...are you able to leave the house and visit friends or relatives?, 1 = not at all and 4 = often). Coping and outlook items measure physical self-efficacy and coping (e.g. Physical pain does not prevent me from doing what I need to do., 1 = strongly disagree and 4 = strongly agree).

Data Analyses and Interpretation

Based on paired t-tests of pre-post TF-PT group data, results indicate that clients demonstrated statistically significant change across all measured domains ($p < .001$) with effect sizes ranging from small to large. The most noticeable improvements were seen in sleep ($d=1.10$), greater self-efficacy and use of adaptive coping skills ($d=0.90$), and ability to perform daily activities ($d=0.83$). Results indicated a moderate effect size in increased participation in social activities ($d=0.830$) and a small effect size for reduced pain ($d=0.49$).

Survivor Outcomes from Baseline to 3-months After Trauma-Focused Physiotherapy (TF-PT) Group

Mean Likert scores with 95% confidence intervals* (n=1,221)



Notes: *p≤ .001; **The Sleep scale is reversed here, so that decreases in scores indicate reduced symptom severity like the Functional Ability and Pain Figures; ***The Social Participation & Functioning and Coping & Outlook Figures have scales where increases in scores indicate improvements.

Conclusion

CVT’s TF-PT services seem to offer substantial benefits to refugees and asylum seekers in Jordan. Meaningful changes in functional ability, pain, sleep, social participation and functioning, and coping and outlook were reported 3 months after group physiotherapy compared to the start of services over a 10-year period of implementation. These findings suggest the potential for TF-PT to play an important role in addressing the physical and mental health needs of refugees and asylum seekers, but further exploration is needed. Importantly, it is recommended to evaluate outcomes associated with TF-PT as a stand alone intervention, as the findings presented here reflect TF-PT services often delivered at the same time as other variable CVT interventions. Additionally, further refinement and standardization of outcome measures and consideration of a waitlist comparison group could strengthen the evidence on TF-PT and help to clarify its unique contribution to client improvements above and beyond other CVT services.

Statement about Interpreting Evidence

Findings indicate that CVT’s trauma-focused physiotherapy group services likely contribute to improvements in functional ability, pain, sleep, social participation and functioning, and coping and outlook. However, without a control group, and evaluating TF-PT as a stand alone intervention, it is not possible to attribute symptom improvement solely to TF-PT. Additionally, the low response rate of 35% indicates there is a substantial amount of missing data for clients who may differ in important ways from those reported here.

References

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