

ACT legislative Assembly Inquiry into the Future Sustainability of Health Funding in The ACT

Submission by the
Australian Physiotherapy Association

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Executive Summary

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the inquiry into the Future Sustainability of Health Funding in the ACT (the Review) by the Standing Committee on Health, Ageing and Community Services (the Committee) on behalf of the physiotherapy profession.

We recognise that a major challenge facing modern health systems internationally is how to ensure that quality services are available to all citizens at an affordable price. The health budget makes up almost one third of total ACT Government expenditure. We recognise the importance of ensuring that the growing community of Canberrans with increasingly diverse needs receive a high standard of health care while ensuring that the care is delivered efficiently.

Our profession, at both the level of individual physiotherapists, and collectively, is focused on maximising value in health care – on achieving the best health and related outcomes at the lowest cost. We bring this focus to this submission.

Physiotherapists are amongst Australia's most highly educated health professionals. Their value extends much further than is appreciated by most healthcare jurisdictions in Australia. This is changing as Australia increasingly adopts safe, high value extended/expanded-scope physiotherapy services that improve the healthcare journey for millions of people daily and reduce the burden on an overstretched medical community. In Canberra, for example, we have demonstrated that extended practice physiotherapists improved the ACT's compliance with National Emergency Access Targets (NEAT).

Our recommendations are based on successful models in Australia, the United Kingdom and Canada. They centre on the provision of innovative models of care including:

- using advanced-scope physiotherapists in orthopaedics, critical care, neurology and neurosurgery, paediatrics, rheumatology, geriatrics and respiratory care (in both the acute and community sectors), enhance care, improve the health of people living in our community, and reduce medical/surgical waiting times
- introducing physiotherapy-led community-based resources for people with chronic arthritis to reduce the burden on acute orthopaedic surgical services
- reinstating 'limited' physiotherapy prescribing in order to increase efficiency in terms of access and waiting times
- developing telehealth as an alternative mode of patient management to reduce the burden on acute services and to improve the patient experience.

We anticipate that action in these areas will result in more sustainable models of care within a limited health resource by utilising a cohort of highly educated and skilled health professionals to their full capacity.

We would be happy to meet with the Standing Committee on behalf of the physiotherapy profession and have provided a summary of our recommendations at the end of our submission.

1. Introduction

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the inquiry into the Future Sustainability of Health Funding in the ACT (the Review) by the Standing Committee on Health, Ageing and Community Services (the Committee) on behalf of the physiotherapy profession.

We recognise that a major challenge facing modern health systems internationally is how to ensure that quality services are available to all citizens at an affordable price. We also recognise that the health budget makes up almost one third of total ACT Government expenditure and the importance of ensuring that a high standard of health care is delivered efficiently to a growing community of Canberrans with increasingly diverse needs.

1.1 Physiotherapy in the ACT

In the ACT, public physiotherapy services are delivered in both the acute hospitals and in the community. Physiotherapists have a role in improving the health of Canberrans with a wide range of conditions, particularly those which contribute substantially to the disease burden in Australia (musculoskeletal conditions, cancer, and cardiovascular conditions). Physiotherapists treat people who have acute or recurrent and persistent pain. Physiotherapists provide care for people with respiratory conditions. Physiotherapists work closely with patients to educate and support patients back to physical health after stroke, head injury or other trauma. Physiotherapists provide care for people with arthritis or injury, joint replacement, developmental conditions and disability.

Physiotherapists provide care for people across the lifespan – from children, through people in their working life and older people.

In the community, physiotherapists improve the quality of life for hundreds of people every week – keeping them active, contributing to their families and communities and at work. Importantly, they keep these people in the community and out of hospital including the emergency department.

In hospitals, physiotherapists are an essential part of the multidisciplinary team who ensure that the hospitalisation is as valuable as possible and reduce hospital stay by optimising independence.

1.2 The unique value offered by physiotherapists

Admission to a physiotherapy degree course in Australia requires ATAR scores of between 90 and 98.¹ Thus, physiotherapy students represent some of our most academically gifted undergraduates and physiotherapists offer substantial capability. Indeed, physiotherapists have the capability to undertake a significantly more valuable role in patient care than is currently used within ACT Health.

Australian physiotherapists are recognised diagnosticians with 'first contact' rights (i.e. patients do not require a doctor's referral to see a physiotherapist). In Australia and internationally, physiotherapists are being employed to undertake roles with components traditionally thought of as 'medical'. Advanced-practice physiotherapists are experts in their fields having undertaken additional training and having gained specialist experience. This allows them to deliver services to highly complex patients and achieve very high levels of patient satisfaction.²

As a profession, physiotherapists pursue what has come to be called 'value-based healthcare'.³ At its core, value-based healthcare is about maximising value for patients: that is, achieving the best health and related outcomes at the lowest cost.⁴

The physiotherapy profession engages in a range of strategies to reduce the prevalence of low-value/low-quality care. Physiotherapy graduates are scientists with a very rich education in evidence-based practice. Commitment to achieving maximum value is evidenced by the APAs participation in Choosing Wisely Australia.⁵ In addition, the APA is involved in stewardship of a number of 'incremental fixes'⁴, including implementing coordinated electronic health records, improving the uptake of clinical guidelines, reducing error and harm, and strengthening the skills of patients as 'consumers'.

Each of these elements incrementally contributes to maximising the value that physiotherapists offer the healthcare system, for the benefit of consumers.

2. Innovating in the ACT

The burden of chronic conditions is one which threatens to overwhelm our healthcare system.

The root of the problem lies in a lack of coordinated resources to prevent individuals from sliding into a state of poor health or worsening chronic conditions.

It is accepted that physical activity is a key driver of health and wellbeing. However, there is little to be gained by making physical activity opportunities available to people who are fearful of exercise or are in pain. Physiotherapists encounter people on a daily basis who are fearful of exercise because they anticipate their pain or illness getting worse if they attempt anything which is outside their perceived limits. Physiotherapists are highly effective at working in partnership with people to help them break down these barriers by reducing pain and increasing their confidence and capacity to return to full physically active lives. An example is provided in a case study presented in *Appendix 1*. Therefore, physiotherapy is an important element in sustainable healthcare for the future.

Current funding models appear to be reducing the public physiotherapy workforce in the ACT. The workforce, which has fallen in recent years, while at the same time our population has increased.⁶ (*Appendix 2*).

This means that the ACT has the opportunity to improve health outcomes at comparatively low cost by careful deployment of physiotherapists.

2.1 Advanced Scope Practitioners

Throughout Australia and the world, physiotherapists are reducing the burden on medical colleagues by providing specialist triage and management in orthopaedics, neurosurgery, geriatrics, rheumatology, paediatrics, critical care and respiratory care. These practitioners are recognised for their specialist skills.

In the ACT we have developed the physiotherapy advanced* scope models of care in the emergency department and orthopaedics with considerable success.^{2,7}

* Also called 'extended' scope practitioners

Within the emergency department, physiotherapists are primary contact practitioners for acute musculoskeletal injuries. Enhancement of this role was identified around autonomous management of simple fractures and independent interpretation of x-rays and relocation of simple fractures and small joint dislocation. This innovation was introduced in response to increasingly heavy workloads which had placed significant stresses on medical staff to meet the National Emergency Access Targets (NEAT). The results, which were published in the peer reviewed literature in 2015, showed that the advanced-scope physiotherapist achieved results which were superior to their nursing and medical peers in terms of both access and length of stay in the emergency department resulting in significant service improvements.²

A trial of limited physiotherapy prescribing in the Canberra Hospital orthopaedic outpatient department was undertaken between June 2011 and June 2013. The evaluation of this trial demonstrated that it was safe, effective and accepted by patients. Subsequently other jurisdictions have followed the lead of the ACT.⁸

Advanced practice physiotherapy is an accepted role in Australia and other countries. For example, in delivering **both primary and secondary care** for musculoskeletal services including back care, orthopaedic and rheumatology. This role can include case management, medication management, ordering and interpreting diagnostic tests (such as scans, x-rays and blood tests), administering certain injections, and directly listing patients for surgery.

It is worth noting that advanced-scope physiotherapists in the UK are now performing minor surgery such as meniscectomy and tendon releases in response to increasing pressure on the health system. Although we are not advocating for this, there are many roles that physiotherapists could undertake safely and with excellence.

In other Australian jurisdictions physiotherapists perform triage for back pain patients and also spinal surgical follow-up assessments freeing up surgical time and reducing waiting lists. This is also the case for orthopaedics, with physiotherapists assessing and following up joint replacement patients. Expert respiratory physiotherapists perform bronchoscopies and lung ultrasound examinations in intensive care and lead community-based respiratory and cardiac care services to prevent acute admissions.

Given that the advanced-scope model has been developed with great success in the ACT in orthopaedics and the emergency department, it is clear that there is significant scope to expand the use of advanced-scope physiotherapists to achieve better and more timely care for patients and also a cost-effective strategy for tackling our ever increasing waiting times and waiting lists.

Recommendation 1:

We recommend that the Committee work with the office of the Chief Allied Health Officer to develop pathways for the introduction of expanded/extended-scope physiotherapists in both primary and secondary care in areas including musculoskeletal, critical care, respiratory care, neurology and neurosurgery, and geriatrics in order to provide increased patient service and value within the ACT health system.

2.2 Community-based chronic arthritis service

The prevalence of arthritis increased with age, from less than 1% of people aged under 25 years to 52.1% of people aged 75 years and over. Women aged 45 years and over were considerably more likely to have arthritis than men. In particular, at ages 75 years and over, 59.9% of women had arthritis compared with 42.3% of men. Australia spends an estimated \$5.7 billion each year treating musculoskeletal conditions, and osteoarthritis accounts for nearly one-third of this spending.⁹

Severe hip and knee arthritis is often treated with joint replacement or opioids. The number of joint replacements performed in Australia rises year on year. In the ACT in 2015, 956 hip replacements and 1231 knee replacements were performed with 428 of these in the public sector. This represented a 4.8% increase compared to the previous year. It is also worth considering that an estimated 1.1 million opioid prescriptions were dispensed in Australia for 403,954 people with osteoarthritis in 2015/16.¹⁰

Other jurisdictions have responded to this unsustainable rise in the cost of treating lower limb arthritis by establishing evidence-based physiotherapy-led knee and hip services in hospitals and the community. These services offer patients a supported multidisciplinary program of treatment for their pain, with evidence-based education and exercise. These services have been shown to be very effective in Denmark with an RCT demonstrating that with the right treatment, many patients can be removed from the surgical waiting list and treated conservatively.¹¹ Those patients still requiring surgical interventions are, at the very least, better prepared for surgery.

GPs through PHNs are increasingly engaging with physiotherapists to help them reduce the increasing problem of opiate over use. However, GPs in the ACT have no alternative but to refer their patients with worsening knee arthritis directly to orthopaedic surgeons, particularly those from lower socio-economic backgrounds because community physiotherapy is not sufficiently resourced to provide an adequate response. Similarly, the physiotherapy-led orthopaedic triage service at The Canberra Hospital has no dedicated service to refer to.

Other jurisdictions have recognised that preventing or delaying the onset of osteoarthritis involves lifestyle changes that may also prevent the broader clinical problems associated with musculoskeletal disability. If the average age at first chronic disability could be substantially postponed, morbidity could be compressed into a shorter period.¹² A dedicated physiotherapy-led arthritis service is needed in our community to improve the options for people with arthritis. Such a service might also reduce the need for opiate medication and reduce the number of joint replacements and/or delay as many as possible.

In terms of sustainability, health insurers have demonstrated intense interest in this area because they recognise the value in preventing and/or delaying joint replacement. It is possible that ACT Health could engage the insurance industry in supporting an initiative of this kind.

Recommendation 2:

We recommend that the Committee supports the introduction of expert community-based services for people with knee and hip arthritis in order to allow patients and their GPs to have publicly funded options other than direct referral to orthopaedic surgeons.

2.3 Support limited physiotherapy prescribing in the ACT

As detailed in 2.1 a trial of limited physiotherapy prescribing in the Canberra Hospital orthopaedic outpatient department resulted in no adverse events or complaints and was positively supported by the doctors, who believed that the service presented a viable and safe alternative to medical care.

In Queensland at Gold Coast hospital, a similar trial of limited prescribing has been extended and Cairns hospital are considering commencing a trial of their own.⁸

In the ACT we have advanced-scope physiotherapists working in emergency (Fast-track) and orthopaedic outpatients but they can no longer prescribe. This has reduced the efficiency with which they can deal with patients and allow them to be discharged in a timely fashion. Limited physiotherapy prescribing, in line with international evidence on its safety and effectiveness would improve health outcomes for the people of the ACT without any further resource allocation.

Recommendation 3:

We recommend that the Committee work with the office of the Chief Health Officer to reinstate limited prescribing rights to advanced-scope physiotherapists at Canberra Hospital in order to improve the patient experience by increasing access to care, reducing waiting times and reducing length of stay. This should also be extended to provide prescribing rights to allow advanced-scope physiotherapists working at Calvary Public Hospital Bruce and the community to ensure consistency across both major public hospitals.

2.4 Development of telehealth as an alternative mode of patient management

The ACT is situated within rural NSW and as such we service a significant number of NSW patients. The efficacy of health delivery via telehealth has been demonstrated in osteoarthritis management.¹³ Furthermore, a recent systematic review reported that telerehabilitation in addition to usual care is more favourable than usual care alone, whilst treatment delivered solely via telerehabilitation is equivalent to face-to-face intervention for the improvement of physical function and pain.¹⁴

Telehealth has the opportunity to reduce the burden on patients and transport facilities by offering alternative options for health delivery. In this way our outpatient department of the future could be under less pressure and patients would not be burdened with long waits. We propose that the ACT aim to develop telehealth platforms and options as a means of increasing efficiency. Furthermore, physiotherapists could be utilised in this space for triage and routine management of many conditions, as they are in the UK. From a finance perspective the potential savings are obvious but the potential revenue stream from NSW Health could be a valuable contribution to ACT resources.

Recommendation 4:

We recommend that the Committee recommend the exploration of opportunities for physiotherapy-led telehealth initiatives to alleviate the burden on hospital and community spaces and patients for whom travelling to healthcare facilities is an unnecessary burden.

3. Conclusion

The APA is committed to improving the value of the health system. Physiotherapists constitute a valuable resource which is being utilised in many countries to streamline services and make them more efficient and cost-effective.

We would welcome the opportunity to provide evidence to the Committee and to work with the Committee and other stakeholders on the reforms that emerge.

Australian Physiotherapy Association

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 25,000 members who conduct more than 23 million consultations each year.

The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

Terms of reference and recommendations

Reference (a): The efficiency of current health financing; particularly examining the alignment of funding with the purpose of the ACT's health services, including the provision of quality and accessible health care to patients when they need it;

Recommendation 1:

We recommend that the Committee work with the office of the Chief Allied Health Officer to develop pathways for the introduction of expanded/extended-scope physiotherapists in both primary and secondary care in areas including musculoskeletal, critical care, respiratory care, neurology and neurosurgery, and geriatrics in order to provide increased patient service without increasing medical FTE.

Recommendation 2:

We recommend that the Committee supports the introduction of expert services for people with arthritis in the community in order to allow patients and their GPs to have options other than direct referral to orthopaedic surgeons.

Recommendation 3:

We recommend that the Committee work with the office of the Chief Health Officer to reinstate limited prescribing rights to extended scope physiotherapists at Canberra Hospital in order to improve waiting times and reduce length of stay. This should also be extended to provide prescribing rights to allow extended-scope physiotherapists working at Calvary Public Hospital Bruce to ensure consistency across both major public hospitals.

Recommendation 4:

We recommend that the Committee recommend the exploration of opportunities for physiotherapy-led telehealth initiatives to alleviate the burden on hospital and community spaces and patients for whom travelling to healthcare facilities is an unnecessary burden.

Reference (f): The nature of health funding and how it improves patient outcomes including innovative or alternative programs such as hospital in the home and walk in centres;

Recommendation 1:

We recommend that the Committee work with the office of the Chief Allied Health Officer to develop pathways for the introduction of expanded/extended-scope physiotherapists in both primary and secondary care in areas including musculoskeletal, critical care,

respiratory care, neurology and neurosurgery, and geriatrics in order to provide increased patient service without increasing medical FTE.

Recommendation 2:

We recommend that the Committee supports the introduction of expert services for people with arthritis in the community in order to allow patients and their GPs to have options other than direct referral to orthopaedic surgeons.

Recommendation 4:

We recommend that the Committee recommend the exploration of opportunities for physiotherapy-led telehealth initiatives to alleviate the burden on hospital and community spaces and patients for whom travelling to healthcare facilities is an unnecessary burden.

Reference (c): The sources and interaction of health financing in (c) the ACT including:

- (i) ACT Government funding;**
- (ii) Australian Government funding including Medicare;**
- (iii) private health insurance;**
- (iv) consumer out of pocket payments; and**
- (v) other sources.**

Recommendation 2:

We recommend that the Committee supports the introduction of expert services for people with arthritis in the community in order to allow patients and their GPs to have options other than direct referral to orthopaedic surgeons.

Recommendation 4:

We recommend that the Committee recommend the exploration of opportunities for physiotherapy-led telehealth initiatives to alleviate the burden on hospital and community spaces and patients for whom travelling to healthcare facilities is an unnecessary burden.

Reference (d): The impact on health financing of:

- (i) population growth and demographic transitions in the ACT and the surrounding region; and**
- (ii) technological advancements and health innovation.**

Recommendation 4:

We recommend that the Committee recommend the exploration of opportunities for physiotherapy-led telehealth initiatives to alleviate the burden on hospital and community spaces and patients for whom travelling to healthcare facilities is an unnecessary burden.

Reference (f): Funding the future capital needs of the health system in the ACT

Recommendation 4:

We recommend that the Committee recommend the exploration of opportunities for physiotherapy-led telehealth initiatives to alleviate the burden on hospital and community spaces and patients for whom travelling to healthcare facilities is an unnecessary burden.

Reference (g): Relevant experiences and learnings from other jurisdictions.

Recommendation 1:

We recommend that the Committee work with the office of the Chief Allied Health Officer to develop pathways for the introduction of expanded/extended-scope physiotherapists in both primary and secondary care in areas including musculoskeletal, critical care, respiratory care, neurology and neurosurgery, and geriatrics in order to provide increased patient service without increasing medical FTE.

Recommendation 2:

We recommend that the Committee supports the introduction of expert services for people with arthritis in the community in order to allow patients and their GPs to have options other than direct referral to orthopaedic surgeons.

Appendix 1

Some examples of Case Studies from a Canberra physiotherapist working in the community

1. Example of how treatment for pain activity enablement in patient with severe chronic conditions

A 38 year old woman with shoulder pain was referred to physiotherapy from the Exercise Physiology Department. Her co-morbidities included obesity and Type 2 Diabetes. She was seeing the exercise physiologist to help with her diabetes but the exercise program caused too much shoulder pain.

On assessment she had

- poor posture - upper thoracic kyphosis and protracted scapulae
- tight pectoral muscles
- weak lower trapezius muscles
- weak tight posterior cuff
- forward sitting head of humerus bilaterally contributing to her pain.

The exercise physiologist could not diagnose this issue or treat it, but could see that needed to be treated by physiotherapy in order to return the patient to her management program.

This lady was very motivated to improve her pain and get back to her weight and diabetes management program.

She was compliant with hands on physiotherapy and a muscle retraining program, her pain settled.

It took 3 months of physiotherapy over 5 visits and a home program to achieve a return to her exercise physiology program.

2. Example of how physiotherapists enable independence in the elderly

A 69 year old lady saw a physiotherapist for right medial knee pain which occurred after travelling overseas to visit family in Europe. She had pain after walking for more than 15 minutes and pain going up and down stairs.

- The knee was painful and she had limited range of flexion to 90 degrees
- There was infra-patella fat pad irritation
- The soft tissue around the knee was mildly but chronically thickened
- There was tenderness, particularly on the medial side of her joint.

English was her second or third language and she had some difficulty understanding concepts though was fluent for day to day use. She refused to have an interpreter present as she had lived in Canberra for 30 years and felt she was fluent in English.

Through a combination of mime and simple English, a physiotherapist was able to help her. Her aims of seeking treatment were to garden and travel. Her loss of flexion and her pain impeded her in the garden. Most important to her was that she had another trip to Europe booked and she needed to be able to manage long days of walking on hard surfaces and to be able to go up and down lots of stairs.

An unloading tape applied to reduce her fat pad irritation and manual therapy involving femoral and tibial glides gave her an increased range of movement.

Using pain relief and tape she was able to strengthen her knee through a guided program of knee and hip strengthening exercises until she no longer required analgesia and knew how to tape her knee should she need it overseas but no longer required taping for her usual day to day life in Canberra.

She called in to thank me for making her trip possible several months later. She was still managing well without tape or analgesia.

3. Example of how physiotherapists use a comprehensive skillset to prevent the development of chronic health problems

A 73 year old lady playing tennis 3 times a week collided with her doubles partner on the court and fell hard onto her (R) side breaking her hip. This required a compression nail.

A physiotherapist saw her 3 weeks after discharge from hospital. She was in significant pain, very frightened of her pain and fragility and terrified of moving / walking out doors or being alone outside.

Her husband accompanied her to all appointments. He was also very shaken by the ease of which her bone had broken.

With gentle inquiry about their home and access including stairs she was required to manage they both became emotionally distressed and both were weeping.

They told their physiotherapist of their story of losing their home of 40 years due to **Mr Fluffy**. In their mid to late 70s they were living in a rented apartment and managing the difficult problem of purchasing their block back and rebuilding a home. Their emotional reserves at this stage were nil and this had a huge impact on the management of the patient's pain and her ability to trust.

The key was to devise a rehabilitation program aimed at getting her independently mobile without her 4 wheel walker and then ultimately back onto a tennis court as this is where her friendships were.

This was achieved through a slow steady approach with many appointments, lots of reassurance and explaining why we were doing things the way they were rather than what was found on "Google" by a retired science teacher she trusted reluctantly.

After 10 physiotherapy sessions over 8 months she reached her goal of returning to the tennis court. She and her physiotherapist had a teary farewell as she thanked her physiotherapist not only for the journey through physical recovery but also for an ear and

understanding of the level of stress. The happy resolution coincided with the pouring of footings on their old block for their new house.

4. Example of cost-effective management of chronic pain with expert assessment, diagnosis and treatment.

A 38 year old man with history of recurrent back pain went to see a physiotherapist. He had a past history of professional football with a short career as he did not make the first grade team for long.

The man identified as Aboriginal and worked in community outreach programs for young Aboriginal people. He had a young family and was no longer doing regular exercise.

He had a 2 year history of pain on the (L) side at his thoraco-lumbar junction intermittently a 6/10 pain which stopped him sleeping and pain at work sitting at his desk.

On examination:

- spasm standing out visibly (L) erector spinae T8-Mid lumbar area
- flexion full but reported feeling tight
- extension 1/2 range
- side flexion (L) to knee (R) to 6cm above knee
- rotation (L) stiff and some discomfort (R) 1/2 range and reproduced his pain
- deep breath also slightly painful

His physiotherapist treated him twice restoring full range of movement and settling his muscle spasm through manual therapy techniques (PPIVMS) into rotation and some (L) lateral glides on his spinous processes in lower thoracic and upper lumbar spine.

The patient had a home program of movement and self-mobilizing into rotation but also an awareness and education program regarding his sitting posture and use of lower lateral costal breathing and rotation movements in his chair to help keep his joints mobile. He also agreed to get out of his chair more often by using a printer situated across the room.

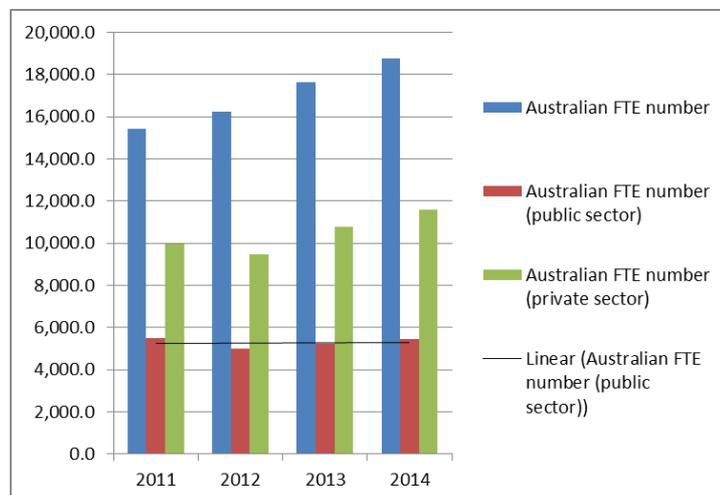
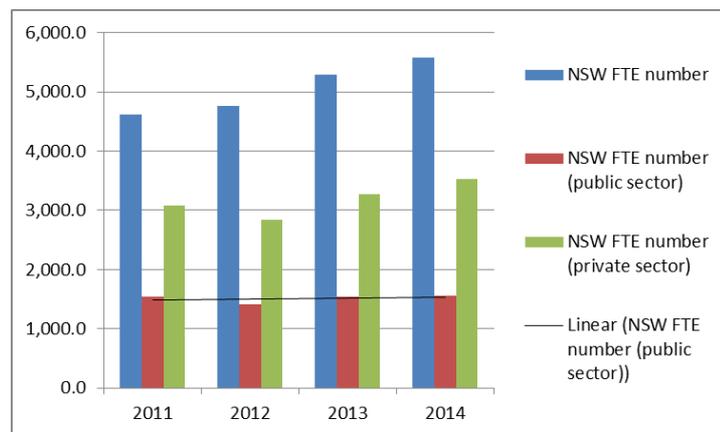
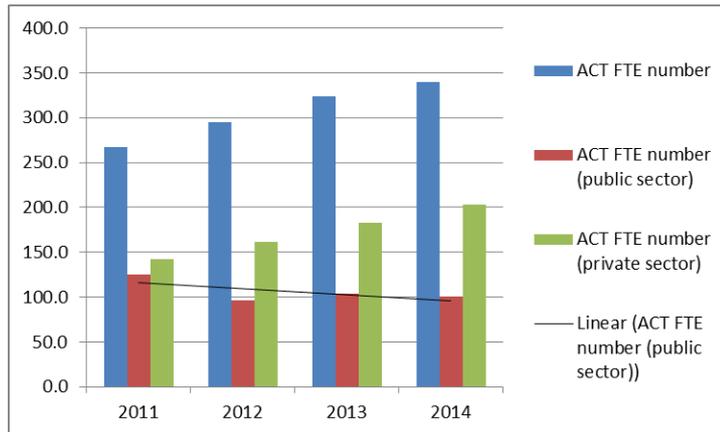
His core strength was moderate and he had an exercise program to improve it a little but the main encouragement was to return to some regular exercise that he enjoyed.

At a follow up 6 weeks later he was still pain free moving freely and had returned to some jogging for fitness.

Appendix 2

The number of physiotherapists employed in the public and private sectors in the ACT, NSW and Australia as a whole between 2011 and 2014.

The ACT is the only jurisdiction to record a decrease in the provision of public sector physiotherapists. Notably, this precedes the changes associated with the NDIS resulting in further depletion of the paediatric workforce. More recent data appear to be unavailable.



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