



The APA Valuing Skills Series

Five ways community-based physiotherapy keeps people out of hospital



Physiotherapy addresses a critical gap in care, particularly between primary care and hospitalisation, by providing alternative pathways that prevent unnecessary hospitalisation and reduce readmission rates.

Physiotherapy is an effective intervention in a wide range of circumstances—from rehabilitating patients with chronic disease and pain to speed recovery after surgery to preventing the need for surgery in more acute situations. Preoperative and postoperative care, whether for orthopaedic, abdominal, thoracic or cardiac surgery, is delivered in the home, in the clinic and in community and hospital rehabilitation centres.



01
Physiotherapy care in respiratory disease



02
Physiotherapy-led falls prevention



03
Physiotherapy pre-surgical rehabilitation programs



04
Physiotherapy outpatient services



05
Pelvic floor physiotherapy

Strategies to increase access to community preventive and rehabilitative physiotherapy services:

Physiotherapy pulmonary rehabilitation and management of respiratory complications

Respiratory physiotherapists have a key role in the care of patients with respiratory diseases.¹ Preoperative physiotherapy can reduce postoperative pulmonary complications. Outpatient physio-led pulmonary rehabilitation programs provide education and exercise, empower the COPD/respiratory patient to self-manage and reduce the risk of hospitalisation and complications while in hospital.²



01



02

Falls, falls-related fractures and hospitalisation prevention through physio-led care in the community

Falls are a leading cause of preventable death in older people. Whether at home, in residential aged care or in the hospital setting, older Australians are at risk of experiencing a life-changing fall every day. Physiotherapy and falls prevention strategies can keep people active and independent for longer. Publicly funded physio-led falls prevention programs keep older Australians out of hospital.³

Physiotherapy can minimise postoperative complications, reduce readmissions and improve rates of recovery.

Physiotherapy for patients undergoing surgery

Pre-surgical rehabilitation programs play a crucial role in optimising patient outcomes, reducing hospital length of stay and improving recovery times. Physiotherapy before joint replacement surgery can reduce the need for postop care by nearly 30 per cent.⁴ Along with significant cost savings, prehab physiotherapy leads to increased confidence, decreased anxiety and better patient satisfaction.

Recent evidence has linked functional decline during and after hospitalisation to an elevated risk of hospital readmission.⁵



Physiotherapy treatment in outpatient services

Outpatient management of a patient's condition is essential to maintain capacity and independence and to reduce the burden on medical services and hospitals. Strength and conditioning, pain relief and education, functional assessment, therapeutic treatment and regular monitoring all contribute to good health outcomes and avoiding hospitalisation.

Optimising patient outcomes during care transitions is key to reducing readmissions.



Pelvic injuries, a common outcome of childbirth, can be avoided or lessened through community-based physiotherapy.

Birthing trauma and incontinence

Pelvic floor physiotherapy in an outpatient setting can help prevent and treat incontinence by assessing and teaching appropriate pelvic floor exercises.^{6,7} Physiotherapists can assess for risk of pelvic injury and prepare the pelvic floor for delivery.

They can help reduce the likelihood of birth trauma, incontinence, lower back pain and other complications post-delivery. This decreases surgical intervention rates and increases the quality of life for many patients.

References:

1. Denehy, L., Granger, C.L., El-Ansary, D. et al (2018). Advances in cardiorespiratory physiotherapy and their clinical impact. *Expert Rev Respir Med* 2018, 12, 203–215. doi:10.1080/17476348.2018.1433034
2. Myers, L.C., Faridi, M.K., Hasegawa, K., Camargo, C.A. Pulmonary rehabilitation and readmission rates for Medicare beneficiaries with acute exacerbation of chronic obstructive pulmonary disease *Chronic Obstr Pulm Dis.* 2021; 8(4): 427–440. doi: <http://doi.org/10.15326/jcopdf.2020.0193>
3. Hewitt, J. (2018). Progressive Resistance and Balance Training for Falls Prevention in Long-Term Residential Aged Care: A Cluster Randomized Trial of the Sunbeam Program. *Journal of the American Medical Directors Association.*
4. American Academy of Orthopaedic Surgeons. (2014). Article. Can physical therapy before hip, knee replacement surgery improve outcomes?
5. Freund, T. et al (2012). Patterns for multimorbidity in primary care patients at high risk of future hospitalization. *Popul Health Manag.* 15(2), 119–124.
6. Woodley, S.J., Lawrenson, P., Boyle, R., Cody, J.D., Mørkved, S., Kernohan, A., Hay-Smith, E.J.C. (2020). Pelvic floor muscle training for preventing and treating urinary and faecal incontinence in antenatal and postnatal women. *Cochrane Database of Systematic Reviews*, Issue 5.
7. Beckmann, M.M. & Stock, O.M. (2013). Antenatal perineal massage for reducing perineal trauma. *Cochrane Database of Systematic Reviews*, Issue 4.