

The APA Valuing Skills Series **Five ways hospital physiotherapy drives better results**



Physiotherapists play a critical role in the health of many Australians.

Physiotherapists are an integral part of our hospital system, working as key members of multidisciplinary teams in emergency, outpatient, acute, rehabilitation and home care. They play an important role in patient recovery, facilitate safe hospital discharge, reduce length of stay and prevent hospital readmission, which in combination contribute greatly to conserving valuable health resources.



Emergency department triage, assessment and treatment



Triage and management of specialist waiting lists



Preoperative care

Post-



Post-intensive care management



Continuity of physiotherapy care

Advanced practice (AP) physiotherapists support our hospital systems.

AP PHYSIOTHERAPISTS IMPROVE THE PATIENT JOURNEY, DELIVER COST-EFFECTIVE SERVICES AND ENHANCE PATIENT CARE



Emergency department triage, assessment and treatment

AP physiotherapists in emergency departments manage musculoskeletal injures such as simple fractures and dislocations, spinal pain and soft tissue injuries. Advanced practice physiotherapy services reduce patient length of stay and wait time and have also been shown to improve pain control.¹ Where prescribing is permitted, AP physiotherapists have been found to be effective in prescribing analgesia.¹

Triage and management of hospital specialist waiting lists

For most musculoskeletal conditions, non-operative care is the most appropriate treatment. Advanced practice physiotherapists play a key role in the management of hospital specialist outpatient waiting lists by assessing and coordinating care pathways. Advanced practice physiotherapists have high levels of diagnostic agreement with their medical colleagues and physiotherapy-led orthopaedic triage clinics are an effective alternative to usual care in the short, immediate and long term.²



Physiotherapists improve strength, function and mobility for a range of conditions in areas such as cardiorespiratory, neurology, orthopaedics and oncology.

PHYSIOTHERAPISTS REDUCE HOSPITAL LENGTH OF STAY

Preoperative care

Complications such as pneumonia have the potential to prolong recovery and delay discharge for those who have undergone surgery. Physiotherapy following surgery is essential to limit the impacts of these complications. Prehabilitation also plays a vital role in improving patient outcomes. Preoperative care such as supervised airway clearance and physical exercise improves rates of recovery by decreasing postoperative complications.³





Post-intensive care management

Physiotherapists play a vital role in critical care teams, supporting functional recovery, avoiding intubation and addressing acute respiratory problems for those in hospital. Respiratory deterioration is one of the most common reasons for ICU readmission and lengthy hospital stays and the inclusion of physiotherapy in ICU outreach has been shown to decrease the number of intensive care readmissions for respiratory deterioration, resulting in a shorter hospital stay.⁴ The provision of inpatient physiotherapy supports our hospital system by decreasing length of stay and improving discharge outcomes.

REDUCING THE UNPLANNED 30-DAY READMISSION

An optimal discharge process that includes physiotherapists in the interdisciplinary discharge team could prevent unplanned readmissions.



Continuity of physiotherapy care

People with chronic illness or disability are at greater risk of emergency department presentations due to respiratory tract infections.⁵ In hospital, physiotherapists help patients to achieve their discharge goals. For those at risk of ongoing infections, the continuation of community physiotherapy is a cost-effective way to reduce emergency department attendances, hospital admissions and hospital bed days.⁵



References:

1. de Gruchy, A., Granger, C., Gorelik, A. Physical Therapists as Primary Practitioners in the Emergency Department: Six-Month Prospective Practice Analysis. *Physical Therapy*. 2015;95(9):1207–1216. **2.** Trøstrup, J., Juhl, C.B., Mikkelsen, L.R. Effect of extended scope physiotherapists assessments in orthopaedic diagnostic setting: a systematic review. *Physiotherapy*. 2020;108:120–128. **3.** Kamarajah, S.K., Bundred, J., Weblin, J., Tan, B.H.L. Critical appraisal on the impact of preoperative rehabilitation and outcomes after major abdominal and cardiothoracic surgery: A systematic review and meta-analysis. *Surgery*. 2020;167:540–549. **4.** Vegh, L.A., Blunt, A.M., Wishart, L.R., Gane, E.M., Paratz, J.D. Managing deteriorating patients with a physiotherapy critical care outreach service: A mixed-methods study. *Australian Critical Care*. 2023;36:223–231. **5.** Wolff, A., Griffin, H., Flanigan, M., Everest, S., Thomas, D., Whitehouse, W. Development and evaluation of a community respiratory physiotherapy service for children with severe neurodisability. *BMJ Quality Improvement Reports*. 2015;1. doi: 10.1136