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Physiotherapy for people with disability

The Australian Institute of Health and Welfare (AIHW) 2009¹ recognises the following disability groups:

- Intellectual (including Down syndrome)
- Specific learning/Attention Deficit Disorder (other than intellectual)
- Autism (including Asperger's syndrome and Pervasive Developmental Delay)
- Developmental delay (applies to 0-5 year olds only, where no other category is appropriate)
- Physical
- Acquired brain injury
- Neurological (including cerebral palsy, epilepsy and Alzheimer's disease)
- Deaf blind (dual sensory)
- Vision (sensory)
- Hearing (sensory)
- Speech (sensory)
- Psychiatric

In this position statement, the Australian Physiotherapy Association (APA) is primarily concerned with the implications of those conditions more commonly seen by physiotherapists arising from the listed disability groups, such as problems with sensorimotor function as well as persistent pain. The APA acknowledges that physiotherapists also provide services to other disability groups listed by the AIHW.

Background

Physiotherapists have long been acknowledged as important providers of services for people with a disability. An appropriate level of physiotherapy can promote social inclusion through optimising a person's function and encouraging participation in the economic and social life of the community. Participation is however dependent on a number of factors including:

- Equitable access to health care and rehabilitation services
- Optimal access to aids and equipment essential for function
- Environmental access, including appropriate transport
- Access to suitable employment, including appropriate environment and supports
- Adequate income support
- Access to appropriate education, and
- Access to appropriate accommodation.

The Australian Physiotherapy Association is strongly supportive of the directions emerging from the Consultation Report for the National Disability Strategy, prepared by the National People with Disabilities and Carer Council². The report advises:

- A whole of government, whole of life approach to disability policy

- Incorporation of principles of the United Nations Convention on the Rights of Persons with Disabilities into legislation and policy
- The notion of a system that offers lifetime care and support
- Universal accessibility to public and private buildings
- The provision of accessible and affordable transport
- Appropriately resourced and inclusive education
- Holistic support services for families and carers, including respite care
- Reform of funding frameworks for disability support and services.

It is essential for this national overarching strategy to be underpinned by a range of appropriate and practical supports, including services provided by physiotherapists.

Equity of Access to Physiotherapy Services

Nationally, financial and administrative strategies must ensure equity of access to all disability support services, including, but not limited to, aids and equipment. The need for greater equity is particularly evident in rural and remote areas of Australia. Strategies to improve equity of access to appropriate physiotherapy services may involve:

- Increased transport and accommodation subsidies that allow for attendance at physiotherapy clinics in tertiary centres
- Outreach clinics including access to physiotherapists
- Specialist national teams who travel to areas of need
- The development of additional telehealth infrastructure
- Nationally-consistent criteria for eligibility of access to services, aids, equipment and subsidies
- Removal of barriers to recognition of specialist physiotherapists.

Access across the lifespan

Physiotherapists play an integral role in the planning and management of transition for people with a disability moving between services. Co-ordinated and planned transitions are essential to provision of quality care. These transitions may occur in a range of circumstances, for example from early intervention through to adult health services, from disability to aged care services, from acute hospital services to longer-term management in the community or from home residence to supported accommodation when, for instance, ageing carers are no longer able to care for a person with a disability.

Physiotherapists work with people with a disability across their lifespan. During the critical stages of a child's development, physiotherapists contribute significantly to the provision of initial and ongoing assessment, appropriate therapy, advice and support³. For example, facilitation of mobility needs by a physiotherapist can encourage a young person with a disability to participate in the activities of a school based setting. Physiotherapists have an important role in the management of impairments associated with disability, including pain.

In recent years, many physiotherapists have also been working in advanced scope roles including in acute care and in 'late effects of disability' clinics and have developed expertise in managing and reducing the impact of accelerated ageing for people with a long standing disability.

Access to equipment and assistive technology

Appropriate equipment and assistive technology is often an essential adjunct to the provision of physiotherapy interventions to assist in increasing function and enhancing community participation of people with a disability. "Near to half of all people with a disability use some form of aid or equipment to enhance their independence and improve their quality of life."⁴ Consistent and responsive access to necessary equipment for all people with a disability requires clearly defined

pathways for access. Physiotherapists have specific skills related to prescription of equipment and will refer to equipment services

Access to comprehensive health services

Adequate support for people with a disability and their carers to maintain engagement with the health care system can improve and optimise health, independence and participation. Annual health care planning is a key mechanism to facilitate access that should be readily available for all people with a disability. Physiotherapists have core skills and knowledge which enable them to play an important role in health care planning for many people with a disability.

The establishment of a policy that would oblige providers of supported accommodation to ensure that annual health care plans are undertaken would ensure that comprehensive assessment of a person's function, activity and participation is completed by appropriately qualified health professionals. In conjunction with annual reviews, services and support should be provided where necessary, and equipment checked and modified as required.

Workforce and Service Delivery

Quality community physiotherapy services

With the shift towards people with a disability accessing community-based physiotherapists rather than disability services as key providers, the APA contends that growth in the community based workforce is essential to the maintenance of quality physiotherapy services. To meet Australia's changing workforce demographic, there is a need to predict future needs, and to build capacity in the community for rehabilitative and maintenance models of service delivery. For example, access to appropriate training for non-credentialed support workers would strengthen the capacity of services to deliver maintenance models of therapy within the community

Recruitment and retention of appropriately qualified physiotherapists and support staff also impacts on the quality of service that is available. Physiotherapists working in the disability sector currently do not have access to remuneration commensurate with that of their colleagues working in other sectors, and they also have limited access to appropriate training that is specific to the disability sector. There is a need for further development of specialist career pathways and training for physiotherapists working across the spectrum of services for people with a disability.

The APA position

The APA supports the development of a national disability strategy based on the principles of:

- Person centeredness, with a family and carer focus
- Based on individual need rather than diagnostic category
- Sufficient flexibility to respond to individual needs and circumstances
- Having a focus on well defined outcomes
- Provision of funding to support access to a range of accredited services from which the individual can choose
- Provision of integrated support across the lifespan of the individual with disability and across the continuum of care.

The position of the APA is that:

- Physiotherapists have a role as primary contact practitioners within health and human services to address impairment, activity and participation restriction for people with long term disability.
- Physiotherapists have a role in providing advice and interventions for adequate workplace accommodation and support.

- The Australian Government should establish a national no fault disability insurance model which ensures that access to appropriate services and resources is equitable and timely. This should be based on an individual's need for services and resources regardless of how, or at what age, they acquire a disability.
- The Australian Government should expand funding mechanisms and service delivery programs to improve access to physiotherapy services across the lifespan for people with disabilities. For instance, funding mechanisms that assist lifelong health care needs of people with a disability, such as Medicare Primary Health Care items, should be expanded.
- Where the services of physiotherapists with specific expertise in the private sector are accessed, Chronic Disease Management items specific to their expertise, with an appropriate fee weighting, are required.
- Disability programs should be led by skilled teams comprised of appropriate disciplines.
- Timely and appropriate provision of equipment, assistive technology and services of physiotherapists with specific expertise is essential for many people with disability to participate and help individuals optimise or improve quality of life.⁵
- Supported accommodation providers should be required to provide access to health services, including physiotherapy, which assists individuals to optimise their functional capacity and to participate in the community.
- Young people with disabilities should be supported to remain within their community, or in an age appropriate facility rather than having to reside in a residential aged care facility.³
- Organisations providing services for people with a disability should be required to abide by a nationally-consistent Safety and Quality Framework.
- Physiotherapists working in the community or disability sectors should be offered remuneration commensurate with their health sector colleagues. The sectors need to appropriately recognise physiotherapists with advanced expertise.
- Organisations employing physiotherapists and support workers in the disability sector should develop a *Framework for Role Development*, including access to specific training, appropriate to the setting.

References:

1. Australian Institute of Health and Welfare (2009). Person (with a disability)—disability group, NDA code N(N), archived on Metadata Online Registry, available online <http://meteor.aihw.gov.au/content/index.phtml/itemId/386421>; accessed 30 November 2009.
2. National People with Disabilities and Carer Council (2009). *Shut Out: The Experience of People with Disabilities and their Families in Australia*. Canberra: NPWDACC.
3. See also: [Transition of Young People with a Chronic Health Condition to Adult Health Services Children with Mild to Moderate Disabilities](#)
4. National Disability Services (2004) Aids and equipment: Improving quality of life for people with a disability. Available online: <http://www.nds.org.au/national/Facts/Facts/AidsandEquipment.pdf>
5. See also: [Provision and Access to Aids and Equipment for People with Disabilities](#)