Statement from the Australian Physiotherapy Association on direct referral by physiotherapists to orthopaedic surgeons

September 2026

APA Position

The Australian Physiotherapy Association supports direct referral by physiotherapists to orthopaedic surgeons for defined musculoskeletal presentations where established clinical criteria are met.

Australia's health system cannot afford referral pathways that add cost without adding value.

In musculoskeletal care, patients are frequently required to attend additional consultations solely to obtain a specialist referral, despite having already been assessed by a physiotherapist to determine when escalation is needed. The result is delay, duplication and avoidable demand on the health system.

Physiotherapists already make these clinical decisions every day. Direct referral to orthopaedic surgeons for defined musculoskeletal presentations would complement the role of GPs, streamline access to specialist care and make better use of existing workforce capability.

To ensure the pathway operates effectively and equitably, this reform should be accompanied by expanded Medicare access to physiotherapy-led conservative management, including additional sessions under chronic condition management arrangements. This would enable more patients to receive appropriate non-operative care before referral to an orthopaedic surgeon is considered.

This reform is expected to improve referral quality rather than increase referral volume by ensuring specialist escalation occurs only after appropriate conservative management and where clearly defined clinical criteria are met.

This is a modest reform. It does not create a new scope of practice. It is a targeted pathway reform that removes an unnecessary administrative barrier and modernises a referral pathway that no longer reflects how musculoskeletal care is delivered.

Preamble

Reform to connect and integrate care pathways

Allowing physiotherapists to make direct referrals to orthopaedic surgeons could reduce duplication in musculoskeletal care pathways and generate an estimated **$162.7 million per year** in combined system and patient savings, primarily through avoided general practice consultations undertaken solely for referral purposes.[1]

Musculoskeletal conditions are a major driver of health system use and expenditure in Australia, consistently ranking among the highest categories of disease-related spending.[2] [3] Despite this, patients frequently experience prolonged waits before reaching appropriate specialist care, even after thorough assessment has occurred in primary or community settings.

Current referral arrangements often require patients to undertake additional consultations before accessing orthopaedic care. In many cases, general practice visits are required primarily to generate referrals rather than provide additional clinical assessment. Delays in access to orthopaedic care are driven less by clinical complexity than by referral pathway design. Current arrangements often require multiple sequential consultations before patients reach definitive assessment or treatment. These additional steps extend time to care, increase system cost and do not consistently improve safety or outcomes.

Reform opportunity

Why physiotherapy is a logical starting point

Physiotherapists are established **first-contact** providers for musculoskeletal care across Australia. They routinely assess, diagnose and manage a wide range of musculoskeletal presentations using conservative, evidence-based approaches.[4] Physiotherapy represents the largest volume of GP-initiated allied health services for physical health conditions under Medicare, reflecting its central role in musculoskeletal care pathways.[5]

Where symptoms do not resolve, red flags are identified, or surgical options need to be explored, physiotherapists already escalate care. Referral to medical specialists for musculoskeletal conditions sits within existing physiotherapist scope of practice.

This approach is consistent with the Australian Government's Scope of Practice Review, led by Professor Mark McCormack, which identified musculoskeletal care as an area where existing professional scope is not always fully utilised. The review highlighted the opportunity to remove unnecessary pathway and regulatory barriers so clinicians with established capability can practise to scope, improving system efficiency and patient flow without changing clinical roles or standards.

What direct referral would change

Allowing physiotherapists to directly refer to orthopaedic surgeons for specified presentations would remove an intermediate step in the patient journey where clinical assessment has already occurred.

Under a direct referral model, referral would occur only when clearly defined clinical criteria are met, including failure to respond to an appropriate course of conservative management, identification of red flags, or the need for specialist assessment to inform further investigation or surgical decision making.

This approach would:

- shorten time to specialist review when clinically indicated
- reduce duplicated consultations
- limit GP visits undertaken solely for referral purposes
- improve alignment between patient need and specialist capacity

Importantly, the reform is expected to result in fewer, not more, orthopaedic referrals overall. The efficiency gains arise from a redesigned pathway in which patients with non urgent musculoskeletal conditions are directed from general practice to physiotherapy led conservative management as the default first step, rather than being referred directly from general practice to orthopaedic surgery. Referral to an orthopaedic surgeon would occur only where an appropriate course of conservative management has been completed and clearly defined clinical criteria are met. This approach reduces duplication, improves referral quality and avoids escalation to specialist care where it is unlikely to add value.

How do we know this reform will deliver fewer referrals and better value?

The case for physiotherapist led conservative management as the default entry point to orthopaedic pathways is supported by a strong and consistent body of evidence. This evidence spans international clinical guidelines, health system evaluations and economic analyses. Taken together, it demonstrates that redesigned pathways which prioritise early physiotherapy reduce unnecessary escalation, improve referral quality and lower system costs, without compromising safety or outcomes. The evidence base supporting this reform can be grouped into three areas.

1. Conservative management first is best practice	2. Early physiotherapy reduces escalation	3. Savings come from pathway design
International clinical guidelines and international consensus statements consistently recommend physiotherapy led conservative management as first line care for most musculoskeletal conditions, with orthopaedic referral reserved for defined indications or failed conservative treatment.[6] [7] [8] [9] [10] [11]	System level evidence shows early physiotherapy reduces GP visits, imaging and surgery, without worse outcomes, by resolving conditions conservatively and ensuring escalation occurs only when clinically necessary.[12] [13] **[14]**	Economic evaluations show savings arise when pathways route patients from GP to physiotherapy before orthopaedics, reducing duplication, avoiding unnecessary specialist referrals and reserving surgical capacity for patients most likely to benefit.[15] [16] [17] [18]

Policy discussion

Australia's specialist referral arrangements should support timely access to care, efficient use of clinical resources and coordinated patient management.

The available evidence suggests the principal benefits of reform arise from pathway redesign rather than expanded clinical activity. Improved referral quality, reduced duplication, greater use of conservative management and more efficient access to specialist assessment have the potential to improve both patient outcomes and system performance. The reform should therefore be considered as a pathway efficiency measure, not a scope expansion initiative.

Direct referral does not change clinical responsibilities or surgical decision making. It changes when patients can access specialist assessment within the care pathway.

The reform should therefore be considered a pathway efficiency measure that improves access, referral quality and system value while maintaining appropriate clinical governance and patient safety. It is not a scope expansion initiative. Rather, it enables existing clinical capability to be utilised more effectively within a contemporary, integrated model of musculoskeletal care.

Recommendations

The APA calls on the Australian Government to modernise specialist referral pathways for musculoskeletal conditions and better align referral arrangements with contemporary models of care.

The APA recommends that:

1. **Direct referral pathways be enabled for physiotherapists to refer patients directly to orthopaedic surgeons for defined musculoskeletal presentations where established clinical criteria are met.**

   This should recognise physiotherapists' existing role in assessment, diagnosis, conservative management and clinical escalation decision making.

2. **Referral pathway reform be based on clinical capability and patient need rather than the creation of new professional tiers or endorsement arrangements.**

   Referral authority should reflect existing competence within physiotherapy practice and not impose additional regulatory barriers that limit workforce utilisation, access or scalability.

3. **Nationally consistent governance arrangements be established to support direct referral pathways.**

   This should include agreed referral criteria, communication protocols between physiotherapists, general practitioners and orthopaedic surgeons, and appropriate monitoring of referral quality and outcomes.

4. **Conservative management remain the default pathway for non-urgent musculoskeletal conditions.**

   Direct referral should support evidence-based escalation to specialist care following appropriate conservative management and where referral criteria indicate specialist assessment is required.

5. **Referral pathway reforms be evaluated against measures of access, patient outcomes, referral quality, healthcare utilisation and system efficiency.**

   Evaluation should focus on whether reforms reduce duplication, improve timeliness of care and support more effective use of health system resources.

Evidence and system impacts

Efficiency gains driven by reduced duplication, not increased escalation

Independent economic analysis commissioned by the Australian Physiotherapy Association and undertaken by Nous Group indicates that the primary efficiency gains from direct referral would arise from reductions in avoidable GP consultations, generating savings for both patients and the Medicare system.[19] Modelling indicated that any increase in specialist consultations would be modest and would reflect earlier, more appropriate escalation within the pathway, rather than increase in service intensity.

Earlier modelling by the Deeble Institute reached similar conclusions, identifying a substantial volume of GP visits that could be avoided through streamlined referral pathways, with no indication of inappropriate escalation to specialist care.[20] Available evidence also suggests that enabling physiotherapist direct referral is **unlikely to increase overall orthopaedic referral volumes**. Physiotherapists are trained to prioritise conservative, non-operative management and to escalate selectively when clinically indicated. This supports more targeted and appropriate referrals, improving referral quality rather than increasing demand.[21]

Clinical appropriateness

Physiotherapists are trained to assess and diagnose musculoskeletal conditions and to determine when further investigation or specialist input is required. Evidence from comparative studies shows high agreement between physiotherapists and orthopaedic surgeons on diagnosis and referral decisions, supporting safe and accurate triage at first contact.[22] [23]

Direct referral does not alter surgical decision-making or thresholds for intervention. It changes the point at which patients can access specialist assessment, ensuring escalation occurs after appropriate conservative management has been undertaken, rather than through duplicated procedural steps. This aligns with broader system reform principles identified by Economist Impact, which highlighted that clear referral mechanisms, improved pathway design and better utilisation of physiotherapists can address inconsistency, duplication and unnecessary cost across musculoskeletal care pathways.[24]

Governance and oversight

Care would continue to be guided by defined clinical criteria, supported by structured communication between physiotherapists, general practitioners and orthopaedic surgeons. Any reform could operate within agreed safeguards. These may include nationally consistent referral criteria, shared care communication with general practice, and routine monitoring of referral patterns by geography, condition and referral outcome. Such monitoring would enable early identification of variation and support continuous improvement.

Consistent with broader system analysis, effective referral mechanisms require deliberate design and resourcing, with attention to the relative costs and value of alternative care pathways. Economist Impact emphasises clearer expectations, better pathway understanding and more consistent referral thresholds as key to reducing variation across musculoskeletal care pathways.[25]

In practice, this would mean referral parameters are condition specific. For example, in knee osteoarthritis referral to orthopaedic surgery would be expected only after evidence based conservative management has been undertaken, and where symptoms persist at a level that materially impacts daily function despite treatment. This ensures referral reflects clinical need rather than pathway default, while preserving specialist capacity for patients most likely to benefit.

Conclusion

Physiotherapy already sits at the front of Australia's musculoskeletal care system. It is where assessment occurs, conservative management is prioritised, and decisions about escalation are made every day. The question is not whether physiotherapists can identify when specialist care is needed, but whether the system allows that judgement to be acted on efficiently.

Concerns about increased cost are often framed around physiotherapy access. The evidence suggests the opposite. The risk of cost growth does not sit with physiotherapy, but with pathway designs that allow escalation to specialist care without a consistent requirement for conservative management. Where pathways default to escalation, cost and demand follow.

Allowing physiotherapists to directly refer patients to orthopaedic surgeons for defined presentations addresses this structural weakness. It reinforces conservative management as the first step, sharpens referral quality when escalation is required, and aligns specialist access with clinical need rather than process. It reduces unnecessary delay, while keeping general practice appropriately engaged through shared communication and governance.

As reform goes, it is modest and targeted. It does not expand scope, displace general practice or increase intervention. It corrects a known pathway inefficiency and applies existing clinical capability more coherently. In doing so, it improves access for patients, protects specialist capacity, and focuses system resources where they add the most value.

CITATION

Australian Physiotherapy Association (APA). 2026. Statement from the Australian Physiotherapy Association on direct referral by physiotherapists to orthopaedic surgeons. Position Statement. APA. Melbourne.

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