

PATIENT REFERRAL AND THE PHYSIOTHERAPIST

PRESIDENTIAL ADDRESS BY MR J. CRAIG AT THE 13th NATIONAL COUNCIL MEETING

Throughout the world the present dependent system of referral of patients by the medical profession to physiotherapists is under scrutiny and the question arises whether this system is in keeping with today's situation. It was after reading articles by Prue Galley on this subject published in the Australian Journal of Physiotherapy that I thought it would be worthwhile for us to give some consideration to-day to this aspect of physiotherapy practice. I have drawn heavily on points made by Prue Galley; I am sure she would have no objection to this as I have no doubt that she would be anxious for the subject to have as wide an airing as possible.

She makes the point that the physiotherapy profession has in recent times made a special study of normal and abnormal human movement patterns. In consequence, the profession has developed a very considerable expertise particularly where this relates to the individual's movement problem and is in consequence in the best position to decide whether physiotherapy would help in any particular case. This being so, it seems illogical that only medical practitioners are presumed to possess the knowledge to decide whether physiotherapy will be beneficial to the patient or not. Surely the decision whether physiotherapy can be used is a physiotherapy decision, not necessarily a medical one.

In recent times, the development of medical knowledge has been such that medical undergraduate and postgraduate training curricula have become so intensive that nothing more than a basic knowledge of what physiotherapy has to offer is ever included in the education of medical practitioners. This can hardly be regarded as an adequate basis for decisions regarding their patients where physiotherapy is concerned.

Physiotherapy is rapidly assuming a much higher level of professional activity, and in consequence physiotherapists must assume much greater professional responsibility. Therapists, therefore, can make the greatest contribution by using their skills of evaluating, guiding therapeutic exercises and directing functional training. Detailed treatment prescriptions given to therapists limit the potential contribution of highly trained, well qualified specialists who need to be given much greater responsibility in the care of the patient.

Physiotherapists are most effective when given responsibility in evaluating each patient by performing specific tests; planning a treatment programme as a result of the evaluation; presenting a treatment programme to the physician for approval when necessary; carrying out the treatment programme and reporting the patient's progress and need for change when this is

necessary; instructing non-professional workers and relatives in carrying out specific procedures and supervising their work; and instructing community health agencies such as Public Health Nurses and District Nurses who are following a patient's functional achievement at home.

For economic reasons the present referral structure encourages the patient to seek help from sources unconnected with traditional medicine rather than physiotherapy, because of easier access. He can make direct contact with these non-traditional sources. If he wishes to be treated by a physiotherapist on the other hand, he must first pay a visit to his medical practitioner before he can receive the physiotherapy he desires or believes that he needs.

The disturbing aspect of this situation is that once the patients opts for non-traditional medicine, he is removed from the benefit of traditional medicine including access to physiotherapy. It is important to realise that physiotherapists do not regard themselves as being an alternative to the medical profession, but rather that their methods of treatment are complementary to those that are the prerogative of the medical practitioner.

With these thoughts as a background, let us now consider possible alternatives to the present method of patient referral to physiotherapy. The model I am about to present is in essence that suggested by Prue Galley. It allows at least two points of entry into the system of traditional medicine — through the medical practitioner or the physiotherapist. By making entry to the sphere of accepted medical care easier, the suggested system must surely be more acceptable both to patient and medical practitioner than that at present in operation, provided that adequate guidelines to cater for the physiotherapists' limitations in terms of differential diagnosis are introduced.

PRIMARY METHODS OF REFERRAL TO THE PHYSIOTHERAPISTS

The Patient is Seen by the Physiotherapist Only

This direct contact situation is the one which appears to cause concern among physiotherapists who are understandably loath to accept responsibility in areas in which their training has been inadequate. For this reason it is not a model which would be accepted by all physiotherapists, but this is no reason for it to be totally discarded.

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During the course of training, the physiotherapist becomes admirably equipped to identify movement and postural problems and also has a knowledge of the methods by which some of these can be avoided. This being so, in the community medicine situation where a medical diagnosis is not in all cases necessary, the physiotherapist can assume a primary preventive role acting as an adviser in industry, schools and the home. In order to make this possible, the present referral structure would have to be altered so that physiotherapists could act in this way. Prue Galley suggests that the "first contact" model just described would be the most suitable for these circumstances. It would also increase the scope of employment opportunity within the profession.

The Patient Comes to the Physiotherapist, but is Referred to his Doctor

This situation would arise if a medical problem is found to exist which requires the attention of a medical practitioner, or where physiotherapy is contra-indicated.

The Patient comes to the Physiotherapist, who consults with the Patient's Doctor

This method of contact would appear to have the widest application in that it allows for the physiotherapist to be a primary contact practitioner, but at the same time protects the patient from misdiagnosis by virtue of the fact that the therapist consults with the patient's doctor when necessary. This procedure of course also protects the physiotherapist from the consequences of misdiagnosis. Furthermore, the doctor has wider contacts should it be necessary to refer the patient to other medical resources. Many of the patients coming to the physiotherapist as first contact may well require access to such other medical resources as the radiographer, pharmacist, etc.

This form of referral is reciprocal in that if the primary contact is the physiotherapist, the therapist may consult with the patient's doctor while if the patient in the first instance contacts the doctor, the patient may be referred to the physiotherapist. This system provides the physiotherapist with a choice as to how he or she wishes to act professionally. Physiotherapists wishing to retain the protection afforded by medical referral may opt to accept only patients referred by medical

practitioners and this they are free to do. Other physiotherapists may wish to act as first contact practitioners within their limitations, with the way still being left open to them to consult the patient's medical practitioner should this be necessary. This method of consultation between physiotherapist and doctor would afford the physiotherapist an opportunity of educating the medical profession about physiotherapy and what it has to offer. The physiotherapist would be in contact with a wider group of medical practitioners, many of whom may not have considered physiotherapy if their patient had made them their first point of contact..

CONCLUSION

What is being suggested is a change in attitude towards the physiotherapist's role, from that of dependent, to that of responsible independent. If this step is taken, however, the profession must not lose sight of the fact that it would be involved in increased responsibility, greater dedication and self discipline from all concerned. The present ethical code of the society is not adequate to guide members as to what would be considered responsible behaviour should the primary contact principle be adopted and it would be necessary to introduce into that ethical code guidelines imposing constraints where professional conduct is concerned.

The advantages of responsible independence for the profession would be to improve the professional status of the physiotherapist, to make known to a wider body of the medical profession what physiotherapy has to offer by way of complementing medical measures as such, and by way of channeling into traditional medicine many patients who are currently making practitioners of non-traditional medicine their first point of contact. As in all things, however, there are also shortcomings and the greatest of these where independence is concerned is increased responsibility with which goes an increased measure of legal liability in the litigation conscious world in which we live.

References

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