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# Emergency Physiotherapy Practitioner

Initiative Type

Model of Care

Status

Close

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26 July 2017

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<https://test.clinicalexcellence.qld.gov.au/improvement-exchange/emergency-physiotherapy-practitioner>

## Summary

Using physiotherapists in the Emergency Department (ED) is beneficial when high numbers of musculoskeletal ED attendances are leading to long wait times. Key Principles are to assess patients with musculoskeletal injuries and take full responsibility for their care and patients seen in a primary care role and not required to see a medical practitioner

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## Key dates

Nov 2015

Jul 2017

## Implementation sites

Queensland Health Emergency Departments with high numbers of musculoskeletal presentations.

## Partnerships

Collaboration between Gold Coast Hospital and Health Service, QEII, TPCH, RBWH, Princess Alexandra Hospital and Cairns Hospital has helped facilitate standardisation of the Emergency physiotherapy practitioner (EPP) role.

## Key Contacts

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## **Aim**

The aim is to manage these patients in a primary contact capacity, rather than all patients being seen by a doctor in the first instance. Musculoskeletal patients are seen by a physiotherapist first, and only referred to a doctor when necessary.

## **Benefits**

- reduced wait time
- reduced occupancy time
- improved patient care of musculoskeletal injuries
- improved use of skill base (allow more time for doctors to manage time critical patients)

## **Background**

An ageing population with increased chronicity of disease coupled with increased expectations of health consumers have led to increased demands on emergency departments. Experienced musculoskeletal physiotherapists working in emergency departments can be the first point of contact for patients with simple, semi-urgent and non-urgent peripheral musculoskeletal injuries, resulting in decreased waiting times and length of stay for patients without any adverse effects.

## **Solutions Implemented**

Models of care vary across the state. Some health services employ physiotherapists in an early assessment medical unit or MAPU, which may be located near the ED.

## **Evaluation and Results**

Formal evaluation not completed.

## **Lessons Learnt**

Development of formal role descriptions, competency and training guidelines, and governance and

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evaluation frameworks support statewide implementation of an Exposure Prone Procedure (EPP) model.

## References

- Bethel, J. (2005). The role of the physiotherapist practitioner in emergency departments: a critical appraisal. *Emergency Nurse*, 13:26-31.
- Anaf S & Shepherd L. (2007). Describing physiotherapy interventions in emergency department setting: an observational pilot study. *Accident and Emergency Nursing*, 15(1):34-39.
- Taylor NF et al (2011) Primary contact physiotherapy in emergency departments can reduce length of stay for patients with peripheral musculoskeletal injuries compared with secondary contact physiotherapy: a prospective non-randomised controlled trial. *Physiotherapy*, Jun 97(2):107-14.
- Bird S et al (2016) Primary contact physiotherapy services reduce waiting times for patients presenting with musculoskeletal conditions in Australian emergency departments: an observational study. *Journal of Physiotherapy*, 62(2016):209-214.

## Further Reading

[Primary Contact Physiotherapy in the Emergency Department Framework The Prince Charles Hospital Early Assessment Medical Unit Logan Bayside Health Roundtable Presentation: Allied Health and Discharge Planning New South Wales Emergency Care Institute Research: Impact of the Emergency Physiotherapy Practitioner Health Victoria Primary Contact Physiotherapy](#)

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