

Monday, December 8, 2008

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Dear Ms. Griffin,

The Workers Compensation Board of Nova Scotia (WCB-NS) has recently been engaged in a consultation process, seeking input from a broad range of stakeholder groups which will help shape the WCB-NS strategic and policy priorities for the years to come.

As key stakeholders in the success of WCB's goals to return injured workers quickly and successfully to meaningful work, to gain and maintain public confidence, and to ensure the fiscal stability of the WCB system, we are very pleased to provide this submission to WCB-NS regarding the role of physiotherapy in attaining WCB's stated objectives.

### **Physiotherapy and Primary Health Care in Canada and Nova Scotia**

Across Canada, physiotherapists are autonomous, direct-access (i.e., no physician referral required) health care professionals who work in a variety of settings and collaborate with a wide range of health professionals in the management of clients who have experienced illness and injury (see **Appendix I** – CPA Primary Health Care Position Statement). Direct access is a critical component of a primary health care system that delivers care to Canadians at the right time, in the right place and by the most appropriate professional.<sup>1</sup>

In Nova Scotia, physiotherapists are regulated by the Nova Scotia College of Physiotherapists, and have been direct access health care professionals since early 1999. The *Physiotherapy Act* defines the scope of practice<sup>2</sup> for physiotherapy, which includes (excerpts):

- assessment of neuromusculoskeletal and cardiorespiratory systems and establishment of a physiotherapy diagnosis,
- development, progression, implementation and evaluation of therapeutic exercise programs,
- education of clients, caregivers, students and other health service providers,
- ergonomic evaluation, modification, education and counseling.

In short, physiotherapists have the legislated jurisdiction, as well as the professional expertise, to provide direct access, primary health care interventions to Nova Scotia's injured workers. Research, which is described in more detail below, and referenced at the end of this letter, also supports physiotherapy as the most effective intervention to speed up the return to work, reduce disability, and provide satisfying outcomes for injured workers, employers, and other stakeholders.

### **Physiotherapy Education and Practice: The Musculoskeletal Experts**

Most physiotherapists practicing in Nova Scotia received their education at Dalhousie University's School of Physiotherapy. That program was recently accredited by the Accreditation Council for Canadian Physiotherapy Academic Programs. In order to demonstrate the extent of the musculoskeletal (MSK) education in the Dalhousie MScPT program, we have appended a number of

documents from the School's Self-Study Report & Self-Study Inventory submitted in March, 2008. These include Appendix 1.7.1 (curriculum Master Plan), a program overview (Standard 1: The Program), and a breakdown of teaching contact hours (SSR-Form 5), illustrating that physiotherapy students undertake a minimum of 661.5 hours of MSK education. We have also included an analysis of how the program meets the Canadian Physiotherapy Association's Essential Competencies (Standard 6.0 Essential Competencies by Module) for the primary MSK Modules: Module 5 (page 7), Module 8 (page 15) and the Clinical Internships (page 18). All of these resources can be found under the **Appendix II** page divider following this letter.

The Dalhousie curriculum also includes units specifically on the injured worker, as well as units on case management and inter-professional collaboration. In fact, representatives from the Workers Compensation Board of Nova Scotia and Worksafe New Brunswick have contributed to the development and delivery of key curricular content regarding injured workers. Furthermore, a basic component of physiotherapy education is development of the skill to match information from a client's musculoskeletal examination and demonstrated functional abilities, to the physical demands of a worker's job. Physiotherapy students graduate with the competencies required to excel as front line clinicians working with clients to achieve a safe and timely return-to-work, in close collaboration with the injured worker, the employer, the case worker, and the family physician

### **Physiotherapy and Collaborative Care**

Returning injured workers as quickly as possible to meaningful work is a team effort. Whether an injured worker arrives at a physiotherapy clinic through direct access or through physician referral, the physiotherapist is one component in a return-to-work team that also includes the client, the employer, family members, physicians, WCB case managers, and other health care providers. Within this context of collaborative care, physiotherapists, with their extensive knowledge in the areas of musculoskeletal conditions, biomechanics and ergonomics, offer their informed opinion on return to work status in collaboration with all members of the care team.

Physiotherapists routinely take on coordinating roles to ensure that all partners in the rehabilitation and return-to-work process are appropriately involved, that communication takes place, and that the timing of a return to work is in the best interests of all concerned. Physiotherapists are well prepared through their educational background and their diverse practice roles to take on this coordinating role, and this has been acknowledged in diverse ways including the nationally recognized Competency Profile for Physiotherapists in Canada (which cites Communication & Collaboration as one of the seven dimensions of competent physiotherapy practice – see **Appendix III**) and the WCB-NS contract with physiotherapy which acknowledges the role of physiotherapy on the Return-To-Work Team as a contributor to the development of the return-to-work plan.

### **Efficacy of Physiotherapy Intervention for Injured Workers**

In March 2007, Dr. Anne Fenety of Dalhousie University's School of Physiotherapy and Tanya Nichol of the Nova Scotia Branch of the Canadian Physiotherapy Association authored an article, published by Doctors Nova Scotia, outlining research that supported the efficacy of physiotherapists as primary health providers in Musculoskeletal Injuries, specifically as applied to the new NS-WCB Physiotherapy Treatment Model. An excerpt from that article provides evidence that direct access and early treatment of musculoskeletal soft tissue injuries (STIs) by physiotherapists produces favorable outcomes in three ways:

- The first is therapeutic effectiveness. Here, research shows that primary care physiotherapists are as effective as doctors<sup>3</sup> and surgical residents<sup>4</sup> at diagnosing musculoskeletal STIs and are more effective than non-primary care physiotherapists at improving functional outcomes<sup>5</sup>--particularly

where physiotherapy treatment is delayed beyond three days after injury<sup>6</sup>. This suggests that timing of a physiotherapy intervention is critical.

- The second improved outcome, cost effectiveness, is centered on time loss-from-work, since it accounts for up to two-fifths of the cost of managing MSK injuries<sup>7</sup>. When a physiotherapist treated patients within 5 days of injury, they had significantly less time loss-from-work, as compared to patients who received treatment beyond the five-day mark<sup>8</sup>. This is a strong financial case for early physiotherapy intervention in soft tissue injuries.
- Finally, the literature shows evidence of patient satisfaction with treatment outcomes<sup>9, 10</sup> and physician satisfaction with primary care physiotherapists' proposed management plans<sup>11</sup> and patients' functional outcomes<sup>12</sup>.

We have appended the full text of this article for your reference, as it provides a wealth of research-based data on the efficacy of timely, direct access to physiotherapy in hastening recovery and return to work for injured workers (**Appendix IV**).

Since that article was written, statistics generated by WCB-NS also support the role of physiotherapy in early treatment of injured workers. In the very short time that the new model has been in place, WCB reports that there has been a 50% reduction in strain/sprain lost-time durations since the implementation of the contract, and a 93% rate of return to pre-accident work status has been achieved. Several factors have contributed to these successes, a significant one being direct access to physiotherapy.

## Conclusion

In this submission, we have provided evidence-based support for the role of physiotherapists as direct access primary health care providers for workers with soft tissue and musculoskeletal injuries within the WCB-NS system. The educational preparation of physiotherapists, their intensive focus on musculoskeletal systems, and their efficacy at treating STI/MSK injuries quickly and effectively, make physiotherapists ideally suited to contribute to the WCB-NS stated goals of client satisfaction, quick and effective return-to-work, fiscal stability, and public confidence.

Thank you for the opportunity to be involved with this interesting Strategic Planning process. Looking to the future, it appears that a logical follow-up exercise for WCB-NS could mirror current work that School of Physiotherapy researchers are conducting with injured workers in New Brunswick using focus group / qualitative analysis methods. At the end of your planning exercise, we believe that it could prove valuable to play back your results to a random selection of your stakeholders through a series of WCB-NS sponsored focus groups. Analysis of this qualitative data would validate your process and inform the next steps (i.e. implementation).

If you have any questions or if we can be of further assistance, please do not hesitate to contact either of the undersigned, or Christine James, Executive Director, NSCPA, at 902-405-6772 or [nsbranch@physiotherapy.ca](mailto:nsbranch@physiotherapy.ca).

Yours sincerely,



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## References

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