



# OUT-PATIENT PHYSIOTHERAPY MATTERS

## It's about fair access.

The Nova Scotia Physiotherapy Association calls on hospitals and the provincial government to work collaboratively with stakeholders to ensure that every Nova Scotian has reasonable access to physiotherapy services regardless of age, geography, or ability to pay.

### OUT-PATIENT PHYSIOTHERAPY MATTERS TO PATIENTS AND FAMILIES

Many physiotherapy services are simply not feasible or available in private settings:

- Treatment for conditions such as cerebral palsy, stroke rehabilitation, complex post-operative recoveries, and many chronic diseases are often not available through private clinics.
- Complex paediatric rehabilitation is available almost exclusively through the public system.
- Many rural regions of Nova Scotia do not have ready access to private physiotherapy.
- Injured workers without WCB coverage commonly receive rehab through the public system, enabling them to return to work.
- Many of our most vulnerable citizens do not have any private coverage at all. Even for those with private health insurance, and with conditions treatable within a private practice care setting, coverage is commonly only \$500 per year. At a typical private physiotherapy clinic, this would allow for less than 10 treatments. Many conditions can be treated successfully within this number of visits, but chronic or complex conditions often cannot. Once private benefits run out, individuals often rely on public out-patient clinics.

### OUT-PATIENT PHYSIOTHERAPY MATTERS TO THE HEALTH CARE SYSTEM IN NOVA SCOTIA

“Those without the ability to pay or access physiotherapy through private or other extended benefits insurance have no option but to go without care. Alternatively they may wait until they are homebound and eligible for home care, until their condition requires hospitalization, or admission to a long-term care home. Each of these results in poor health outcomes for patients and adds substantial costs to the health system.”<sup>1</sup>

In provinces where out-patient rehabilitation services have been significantly cut, the effects have been devastating:

- Where out-patient physiotherapy wait-lists are still in place for chronic / non-acute patients, they average six months to a year. Many hospitals have simply stopped adding chronic / non-acute patients to their wait-lists altogether. These patients are left on their own to find alternatives, which often do not exist.<sup>2</sup>
- Vulnerable populations – elderly, low income, rural populations, those with chronic conditions – have taken the brunt of the changes.
- Patients often stay in hospital longer because of a lack of available out-patient rehabilitation. Aside from the high cost of in-patient beds, for every day in hospital additional rehabilitation is required to regain lost mobility.<sup>3</sup>

Publicly funded out-patient physiotherapy ensures that all members of our community have access to the care they need.

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*“An 80 year old gentleman recently attended our out-patient clinic. When taking his history I learned that his spouse has Parkinson’s disease and would benefit from an exercise program to address posture, gait, flexibility and respiration. They both will benefit from information on continuing care services as well as home safety and fall prevention education. The PT interventions will help this couple remain in their own home a little longer.”*

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*“Today I saw a lobster fisherman who depends on lobster fishing to make a living. I provided him with some self-management strategies including extension exercises (3 visits) – this has alleviated his symptoms and he now feels that he will be able to go out fishing and make his living.”*

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<sup>1</sup> Ontario Physiotherapy Association: Position Statement: Access to Publicly Funded Physiotherapy in Ontario. Toronto. September 2009.

<sup>2</sup> Ontario Physiotherapy Association. Briefing Note: Access to Publicly Funded Physiotherapy in Ontario. May 4, 2010.

<sup>3</sup> Ontario Ministry of Health and Long-Term Care. "Maximizing the Impact of Rehabilitation and Complex Continuing Care on Reducing ER and ALC Lengths of Stay: Core Messages. Roundtable with Ontario Hospital Association and LHINs, June 18, 2010.