

Abstract

Effectiveness of a rapid access musculoskeletal service in rural primary care

Part of Special Series: WONCA World Rural Health Conference Abstracts 2022 

AUTHOR



Declan Fox¹ Rural Family Physician *

CORRESPONDENCE

*Dr Declan Fox declanfox@hotmail.com

AFFILIATIONS

¹ Freelance, Newtownstewart, Tyrone, UK

PUBLISHED

10 January 2023 Volume 23 Issue 1

HISTORY

RECEIVED: 20 September 2022

ACCEPTED: 20 September 2022

CITATION

Fox D. Effectiveness of a rapid access musculoskeletal service in rural primary care . Rural and Remote Health 2023; 23: 8098.
<https://doi.org/10.22605/RRH8098>

This work is licensed under a [Creative Commons Attribution 4.0 International Licence](https://creativecommons.org/licenses/by/4.0/)

Abstract

Introduction: Facing a crippling scarcity of community physiotherapists, a family doctor clinic in rural Canada collaborated with a highly skilled and experienced physiotherapist to provide rapid access to musculoskeletal (MSK) assessment for patients presenting to the doctor or practice nurses.

Methods: The physiotherapist saw six patients for 30 minutes each in a weekly session. He did an expert assessment and frequently found a home programme of exercises was the appropriate treatment with onward referral and/or investigation for more complex cases.

Results: Rapid access was provided in a convenient location. The alternative was a 12–15 month wait for physiotherapy at least 1 hour's drive away. Outcomes were good. The results of two audits

will be presented. Practice use of lab tests and X-rays was reduced. MSK knowledge and skills of doctor and nurses was improved.

Discussion: We hypothesised that rapid access to a physiotherapist would lead to improved outcomes compared with the above-noted long wait times. We limited contact to two or, at most, three sessions – ideally just one – to safeguard our goal of rapid access. What we did not expect, and were very surprised to see, was the number of patients – approximately 75% of the total – who had good to excellent outcomes following one or two visits. We postulate that hard-pressed physiotherapy services need a new practice paradigm, using this community-based model. We recommend establishment of further pilot projects with very careful selection of practitioners and detailed evaluation of outcomes.

This PDF has been produced for your convenience. Always refer to the live site <https://www.rrh.org.au/journal/article/8098> for the Version of Record.