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28 August 2023

SIRA

To Whom It May Concern:

RE: Model of Care for the Management of Low Back Pain

I write to express my concern at some changes in the proposed 'Model of Care for the Management of Low Back Pain' within SIRA compensable schemes.

I note that in the new model, compared with the previous evidence-based model (The Agency for Clinical Innovation (ACI) 2016 Acute Low Back Pain model):

- The word 'physiotherapy' or 'physiotherapist' has been removed in all instances, and been replaced the term with 'physical therapies'.
- The 'primary care team members', previously listed as the general practitioner (GP), nurse and physiotherapist, are now listed as the GP, Nurse and 'treating allied health providers'.

Does this mean that the change in the model could allow exercise providers (Eg Exercise Physiologists) to replace the physiotherapist as the primary point of care for those with acute LBP who are deemed medium or high risk of poor prognosis by the GP, within two weeks of the claim or injury?

If so, this is concerning, and has the potential for worse outcomes for patients. Physiotherapists should remain the primary point of contact for those with Acute LBP due to their unique skillset. Physiotherapists are skilled at ***assessing, diagnosing, treating,*** and ***managing*** LBP throughout all stages of recovery.

It is very often the case that the Physiotherapist's input is crucial in guiding the referring General Practitioner with respect to diagnosis, need for imaging or specialist referral, appropriate work duties/restrictions, and the need for other care providers assistance. Other Health Care Providers in general do not share the same level of training or expertise in these areas. Failure to correctly identify many subtle features and variables early in the injury process for those with an acute lower back injury, may well be detrimental to the overall rate of recovery, if not the overall outcome.

My second concern with the proposed 'Model of Care' relates to the recommended frequency of treatment sessions in Pathways of care – ie 4 treatment sessions over 12 weeks. Due to the constantly changing level of irritability, symptoms, and function on a day-to-day basis, this frequency of treatment appears completely inadequate. For example, the advice on exercises, activity and appropriate work duties recommended at the 2 week follow-up will be based on the clinical presentation of the client at that specific time. If the patient's irritability deteriorates at any time from that point, the same set of recommendations relating to exercises, activity and work duties/hours may be entirely inappropriate, and continued performance for several weeks until the next recommended treatment review, could lead to unnecessary deterioration of the lower back condition and a longer than needed recovery.

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On the other hand, if the injured person is improving at a better than expected rate, having such a prolonged gap between treatment sessions, will prevent earlier progression of activity, exercise and RTW hours/duties than could be achieve with more frequent reviews.

In clinical practice, we see that every single case of LBP presents differently, often requiring a very different plan of management to achieve optimal results. Any attempt to generalize treatment plans or frequency of sessions will not lead to optimal patient outcomes. These decisions should be decided by the individual treating practitioner on a case-by-case basis and continue to be reviewed by the insurer as to whether this is 'reasonably necessary'.

My third concern with the proposed Model of Care relates to Principle 6, and specifically the comment that "Physical therapies will primarily be a 'hands off' approach." While active treatment and self-management strategies are a crucial component of overall injury management, the benefits of manual therapy and other 'hands-on' or passive modalities are well established as potentially beneficial. There is no need for management to be 'one or the other'. The best outcome will be achieved with the most appropriate 'package' of treatment options tailored to the individual presentation.

I appreciate the opportunity to respond to the proposed Model of Care, and welcome your review of my concerns, which I'm sure are shared by many.

Kind regards

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