

From: Zac Lowth [REDACTED] >
Sent on: Monday, September 4, 2023 11:41:55 PM
To: VBHC <[REDACTED]>
Subject: Model of Care for the Management of Low Back Pain Feedback - Occupational Health Physiotherapy (APA)

You don't often get email from [REDACTED] [Learn why this is important](#)

[CAUTION: This email originated from outside of the organisation. Do not click links or open attachments unless you recognise the sender and know the content is safe.]

Hi,

My name is Zac Lowth. I am an occupational physiotherapist who has practiced in NSW, QLD, VIC, SA, NT and the ACT in various forms since 2011, though primarily in occupational health helping to rehabilitate injured workers and deliver targeted prevention initiatives in workplaces. I am the National Chair for the Occupational Health Physiotherapy group within the Australian Physiotherapy Association. Please find my responses below to the request for feedback on the Model of Care for the Management of Low Back Pain at SIRA.

Do you have feedback on how the model will ensure people with low back pain receive best practice treatment?

- The Occupational Health Physiotherapy group within the Australian Physiotherapy Association has raised concerns regarding the model. It is my view that the model does not provide enough clarity on the role of the physiotherapist and therefore places patient safety at risk. Further definition is needed.
- There is no definition of what 'evidence based physical therapies' are for the management of LBP and which profession has a full scope of practice to provide this.
- We have significant concerns with the release and interpretation of this document to enable non-Physiotherapists to be involved in acute management of LBP for which there would be significant risk of low value care and of safety to the patient.
- The role of the practitioner in providing acute LBP management requires advanced knowledge of differential diagnosis of LBP before addressing the factors associated with poor prognosis.
- Physiotherapists are first-contact practitioners. We are trained and ensure that skills and competencies of performing screening, differential diagnosis and triage of patients, including referral onward such as to the emergency department, medical practitioners and psychologists, is a key pillar of our practice.
- Physiotherapists undertake a comprehensive assessment to determine further care. Physiotherapists continue to monitor and are trained to detect any abnormal recovery patterns to address with the team immediately, including the emergence of red flag pathology in a high risk patient.

- In tertiary, compensable and primary care settings, physiotherapists in these roles have demonstrated improved satisfaction with care, improved health outcomes and more efficient health service use
- The evidence does not exist for any other physical allied health profession and the evidence cannot be applied nor transferred to other health professions due to the difference in training

Are there any barriers to implementation?

- Yes, they are listed above.

What resources would facilitate adoption of these recommendations in practice?

- The above points would need to be addressed before we could consider what resources would facilitate adoption of the model in practice.

If you require any further information or would like to discuss the above points further, please let me know.

Best regards,

Zac Lowth

National Occupational Health Chair (Australian Physiotherapy Association)



--

Zac Lowth

B. Physio I GradCert. OHS & Ergonomics I GradCert. Musc. & Sports
Physio