

Physiotherapy for people with disability

Introduction

In 2010, people with disability in Australia expect to be able to fully participate in all aspects of community living. They also expect equitable access to services including physiotherapy across the life span regardless of the type and mode of acquisition of their disability and their geographical location.

However in Australia today there are many barriers which prevent a person with disability from participating fully in the economic and social life of the community. These include:

- Inequity in access to health care and rehabilitation services
- Lack of access, or inequity of access to aids and equipment essential for function
- Inadequate environmental access, including appropriate transport options
- Limited access to suitable employment including appropriate environment and supports
- Limited access to appropriate education, adequate income support, and to accommodation
- Societal attitudes that prevent social inclusion.

Acknowledging the challenges faced by people with disability and their carers, the Australian Government committed to the development of a National Disability Strategy as a part of their 2007 election campaign. The National Disability Strategy aims to provide a platform for addressing the many issues identified by stakeholders. It is anticipated that it will be underpinned by major reform of funding mechanisms for services, equipment and support for people with disabilities and their carers.

Disability Types

The Australian Institute of Health and Welfare (AIHW) 2009¹ recognises the following disability groups:

- Intellectual (including Down syndrome)
- Specific learning/Attention Deficit Disorder (other than intellectual)
- Autism (including Asperger's syndrome and Pervasive Developmental Delay)
- Developmental delay (applies to 0-5 year olds only, where no other category is appropriate)
- Physical
- Acquired brain injury
- Neurological (including epilepsy and Alzheimer's disease)
- Deaf blind (dual sensory)
- Vision (sensory)
- Hearing (sensory)
- Speech (sensory)
- Psychiatric

The Australian Physiotherapy Association (APA) is primarily concerned with the implications of those conditions from the listed disability groups that are more commonly seen by physiotherapists, such as problems with sensorimotor function, as well as chronic or persistent pain. The APA acknowledges that physiotherapists also provide services to other conditions affecting the disability groups listed by the AIHW.

Background

The physiotherapy profession has long been regarded as an important provider of services for people with disability. Fundamental to the role of a physiotherapist is to work closely in partnership with people with disability and their families/carers to address their needs and improve outcomes. Physiotherapists apply the International Classification of Functioning (ICF) Framework and provide evidence based therapeutic interventions of high quality that seek to build on the individual's strengths, and address impairment or problems relating to activity and participation within the relevant environment. For a person with a significant disability, access to appropriate services, including physiotherapy, may impact on their educational success, and their potential to fulfil occupational, recreational and social goals. Accessible person centred physiotherapy services, tailored to individual needs and available within a variety of settings in the local community, are important in optimising function and participation, and reducing the effects of disability.

Over the past 30 years in the United States, the life expectancy for people with congenital and acquired disability has increased to 80-90 per cent of that for people without a disability, resulting in the need for improved long term planning, and the development of new models of care for people ageing with disability.² In Australia, there is also evidence to confirm that people with severe or profound core restriction are surviving to older ages.³ The impact of having larger numbers of people ageing with moderate and severe disability over the next few decades is not well understood; however the impact on the quality of life for those affected and the financial impact on the Australian economy is likely to be profound.

In 2006 the AIHW confirmed that 'the ageing of the Australian population and the greater longevity of individuals are leading to more people, especially those at older ages, with disability and a severe or profound core activity limitation.'⁴ In the period 1988-1998, the increase in the number of people with disability in Australia was attributed to population ageing rather than population growth.

Many types of physical disability require initial rehabilitation as well as long term therapy, support and services. For instance, the burden of spinal cord injury on the hospital and community sectors in Australia is significant with near to 20,000 hospital separations in the period 1999-2005.⁵ Physiotherapy and other allied health interventions are an essential component of the continuum of rehabilitation services for people with spinal cord injury, as well as the occasional provision of services and equipment prescription throughout life.

In 2003 the Australian Bureau of Statistics Survey of Disability and Carers found that 1 in 45 Australians had an acquired brain injury with activity limitations or participation restrictions due to disability.⁶ Brain Injury Australia estimates that there are over 500,000 people living in Australia with an acquired brain injury.⁷ This prevalence rate suggests that there is an unmet need for a continuum of appropriate hospital and community based services, including physiotherapy, required to support those with an acquired brain injury through all phases of rehabilitation and to assist them to integrate into the community.

The social environment in which people live is also likely to impact on responses to treatment and to affect their options for activity and participation. It is important to understand and acknowledge the needs of those caring for someone with a disability. A survey undertaken by the Independent Living Centre [WA] found that 43 per cent of carers had been injured as a direct result of providing care and that their injury had recurred or been made worse by the need to continue their caring role. Very few carers reported receiving training or information on injury avoidance, including manual handling skills.⁸ This Centre has also demonstrated the effectiveness of manual handling training to improve carer's skills and reduce risk of injury. Physiotherapists can play a key role in such prevention.

Overarching statement of support

Those involved in the 2008 consultations for development of the National Disability Strategy proposed a number of ways forward. The APA is strongly supportive of the following directions

emerging from the Consultation Report for the National Disability Strategy prepared by the National People with Disabilities and Carer Council.⁹ These include:

- A whole of government, whole of life approach to disability policy
- Incorporation of principles of the United Nations Convention on the Rights of Persons with Disabilities into legislation and policy
- The notion of a system that offers lifetime care and support
- Universal accessibility to public and private buildings
- The provision of accessible transport
- Appropriately resourced and inclusive education
- Holistic support services for families including respite care
- Reform of funding frameworks for disability support and services.

The APA contends that it is essential that an overarching strategy underpins a range of appropriate and practical supports for people with disability and their carers, including those provided by physiotherapists.

Models of Care

Service System

There are many differing models providing support and services for people with disability in Australia. However, generally the principles on which they are based are similar.

The APA supports the notion of a service system and policy based on the following principles:

- Person centeredness with a family and carer focus
- Based on individual need rather than diagnostic category
- Sufficient flexibility to respond to individual needs and circumstances
- Having a focus on well defined outcomes
- Provision of funding to support access to a range of accredited services from which the individual can choose
- Provision of integrated support across the lifespan of the individual with disability and across the continuum of care.

The APA also supports a review of the current service system design that will better identify need and improve resource allocation for Australians with disability.

Access to physiotherapy services

Equity of access to physiotherapy services

The APA supports equity of access to physiotherapy services, based on individual need rather than diagnostic category or how the disability is acquired.

The APA also supports the concept of a national no fault disability insurance scheme which ensures that access to resources and services is based on need regardless of how and at what age an individual acquires a disability. The APA recommends that national funding strategies ensure equity of access to all disability support services including aids and equipment.

The APA also recognises the particular need for a range of strategies to be developed and implemented to improve equity of access to services and resources in rural and remote areas of Australia. Possible strategies include increased transport subsidies for attendance at tertiary centres, outreach clinics, national teams who travel to areas of need, web based telehealth, with appropriate infrastructure, and the eradication of state based criteria for eligibility for services.

Equity of access across the lifespan

The APA contends that all people with disability should have access to appropriate care and support across their lifespan.

Many physiotherapists are concerned that transition between services across life stages including early intervention to school aged services, primary to high school, and post school to adult health services are currently not well managed. The APA supports the expansion of mechanisms to assist planned and purposeful transition of people with disabilities between different types of service delivery. The [APA's position statement on Transition of young people with chronic health condition to adult health services](#) outlines a series of recommendations regarding the process of improving age related transitioning. Additional planning and support is also recommended in the transition from home residence to a supported accommodation residence, for instance where ageing parents are no longer able to look after a person with disability.

The APA believes that there is a need for greater equity of access to physiotherapy services between early intervention and school aged services for children with disability, as school aged children are less able to regularly access a service due to limited resourcing. Physiotherapists have an important role including provision of initial and ongoing assessment, appropriate therapy, and prescription of advice and support at critical times in the child's development. In addition, participation in the activities of a school community often requires additional facilitation of the child's mobility needs by a physiotherapist. In the [APA's position statement on Children with mild to moderate disabilities](#), a number of recommendations are outlined with respect to improving quality of access to appropriate therapy and supports.

As people with a disability age, their needs change accordingly. It is recognised but not well researched that people with disability often experience problems normally associated with ageing at an earlier age, e.g. early dementia is well recognised in people with Down Syndrome; people with paraplegia often experience early arthritis in their shoulders from propelling their wheelchairs; people with intellectual disability often experience accelerated difficulties with mobility as they age, and are at higher risk of developing secondary co-morbidities as a result. Kemp suggests "many if not the majority of people with disability experience some form of premature ageing changes in their health and in their functioning by the time they reach their 50s", and suggests the need for "comprehensive out-patient assessment clinics where people ageing with disability can have their health, functional and psychosocial needs evaluated".²

Throughout Australia there are many physiotherapists with the qualifications, experience and knowledge working in advanced scope roles in 'late effects of disability' clinics who recognise the effects of accelerated effects of ageing for people with disability and have developed expertise in managing and reducing the impact of accelerated ageing for people with a long standing disability. There is further potential for physiotherapists to develop roles as first contact practitioners within health and human services to address impairment, activity and participation for people with long term disability and, with the appropriate training and support, to build on their current knowledge and experience base. Having physiotherapists in these roles can result in considerable savings in terms of costs as well as quality of life improvements for people with long term disability.

The APA supports the development of better pathways for care for people ageing with a disability and an increased commitment to research into the late effects of disability.

In addition the APA supports better recognition of physiotherapists with specific expertise in this area, and further development of first contact practitioner roles for appropriately skilled physiotherapists.

Annual health care plans

People with disability and their carers may require additional support and encouragement to maintain engagement with the health care system and to optimally manage their condition(s).

People with childhood onset disability have often been provided with a comprehensive range of allied health services during their school age years, however there is a significant gap in access to services for them as adults. Adults with disability living in supported accommodation are not necessarily linked to the physiotherapy services which would assist them to optimise their function and participation. Access to comprehensive health services is dependent on the skills of the accommodation support provider and their commitment to the holistic needs of that individual.

An annual health care check by suitably qualified individuals would ensure that a comprehensive assessment of the person's function, and activity and participation restrictions is undertaken, treatment is provided where necessary, and equipment checked and modified as required.

The APA suggests that policy and service standards obligate accommodation support organisations to ensure that care plans are maintained annual health reviews are undertaken.

The APA supports the expansion of mechanisms such as the current Chronic Disease Management Medicare items that would assist in supporting the lifelong health care needs of people with disabilities.

Access to Equipment and Assistive Technology

Appropriate equipment and assistive technology is often an essential adjunct to the provision of physiotherapy interventions to assist in increasing function and enhancing community participation. "Near to half of all people with disability use some form of aid or equipment to enhance their independence and improve their quality of life."¹⁰

The timely and appropriate provision and equitable access to equipment and assistive technology may be essential for participation and to maintain or improve quality of life. The [APA's position statement on Equipment provision for people with disabilities](#) outlines the APA's position on necessary supports for people with disabilities.

Workforce

Quality community physiotherapy services

With the shift towards people with disability accessing generic rather than specific disability services the APA notes that community based physiotherapists are often key service providers. To meet Australia's changing workforce demographic, there is a need to predict future needs, and to build capacity in the community for rehabilitative and maintenance models of service delivery. For example, access to appropriate training for non-credentialed support workers would strengthen the capacity of services to deliver maintenance models of therapy within the community

Physiotherapists in public and private community based settings are often working with elderly people with disability resulting from multiple co-morbidities as well as those with congenital or long standing acquired disability. Access to high quality community physiotherapy services is essential. The APA strongly supports growth in the community primary health sector rather than cuts to physiotherapy services.

The APA supports disability programs led by skilled multi-disciplinary teams.

Organisations providing services for people with a disability should be required to abide by a nationally-consistent Safety and Quality Framework.

Career pathways

In some states and territories, physiotherapists working in the community or disability sectors do not have the same access to remuneration as physiotherapists working in other sectors. In addition access for physiotherapists to training that is specific to the disability sector is very limited. Inequity

of remuneration and variable access to disability sector specific training negatively influences recruitment and retention of appropriate physiotherapy staff and impacts on the quality of service that is available for people with disabilities.

The APA supports equitable remuneration across all sectors particularly where appropriate skill levels have been attained.

In addition the APA suggests the promotion of a *Framework for Role Development* to provide appropriate career pathways and training for physiotherapists working across the spectrum of services for people with a disability.

Support for education and research

As our population of people with disability ages, there is a need for services that provide for ageing in place, or alternatively support for transition from disability to aged care services.

The APA believes that further research into the effects of ageing for people with disability is urgently required.

In addition, the APA also supports a call for further research into models of care for people with disability, and the further development of customised services to meet the additional needs for people experiencing problems related to both ageing and disability.

References

1. Australian Institute of Health and Welfare (2009). Person (with a disability)—disability group, NDA code N(N), archived on Metadata Online Registry, available online <http://meteor.aihw.gov.au/content/index.phtml/itemId/386421>; accessed 30 November 2009.
2. Kemp, B. & Mosqueda, L. (2004) *Ageing with a disability: what the clinician needs to know*. Baltimore John Hopkins University Press.
3. Australian Institute of Health and Welfare (2000). *Disability and ageing Australian population patterns and implications*. Canberra: AIHW.
4. Australian Institute of Health and Welfare (2006). *Life expectancy and disability in Australia 1988 to 2003*. Canberra: AIHW.
5. Australian Institute of Health and Welfare (2009). *Spinal cord injury, Australia, 2006–07*. Canberra: AIHW.
6. Australian Bureau of Statistics (2004). *Ageing and Carers, Australia: Summary of Findings, 2003*. Catalog No. 4430.0. Canberra: ABS.
7. Brain Injury Australia (2010). About Acquired Brain Injury. Available online: <http://www.bia.net.au>
8. Independent Living Centre (2006). *Family Carers And The Physical Impact of Caring – Injury And Prevention*. Available on http://www.communities.wa.gov.au/serviceareas/seniorcard/Documents/report_family_carers_and_physical_impact_of_caring_exec_oct_2006_pdf.pdf
9. National People with Disabilities and Carer Council (2009). *Shut Out: The Experience of People with Disabilities and their Families in Australia*. Canberra: NPWDACC.
10. National Disability Services (2004) *Aids and equipment: Improving quality of life for people with a disability*. Available online: <http://www.nds.org.au/national/Facts/Facts/AidsandEquipment.pdf>