

5 June 2014

Our ref: 140314-FMCM-RA -

Franca Marine  
National Policy and Government Relations Manager  
Arthritis Australia  
PO Box 550  
BROADWAY NSW 2007

Dear Franca,

**Re: Comment on Arthritis Australia (AA) Time to Move strategy**

Thank you for the opportunity to comment on the Arthritis Australia (AA) Time to Move strategy. We have provided feedback below for your consideration.

We congratulate AA on a thorough and comprehensive document which proposes a care model which is patient focused and sustainable, multidisciplinary and based on best practice and early intervention.

The AA strategy complements the APA's own 2025 vision for the physiotherapy practice of the future ([http://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/Resources/InPractice\\_2025.pdf](http://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/Resources/InPractice_2025.pdf)) in describing this model and we welcome the recognition of the role of physiotherapists in your strategy.

The Australian Physiotherapy Association (APA) believes that physiotherapists play a significant role in teams providing care for people with arthritis, rheumatoid arthritis (RA), osteoarthritis (OA) and juvenile rheumatoid arthritis. Physiotherapists can improve the well-being of arthritis sufferers, increase their participation in their communities and help reduce the overall burden on healthcare resources.

Physiotherapists play a leading role as care coordinators in the public sector and are an integral part of multidisciplinary teams. For example, at the Royal North Shore Hospital in Sydney, a physiotherapist is the care coordinator of the Osteoarthritis Chronic Care Program (OACCP); as well a physiotherapist holds the role of osteoporosis liaison officer/care coordinator. The APA recommends that the Time to Move strategy should acknowledge the leading role that physiotherapists play in managing multidisciplinary care teams.

Public hospital services currently manage care programs for people with arthritis, as well as care being provided through community based programs and private services. It is important to acknowledge the contribution of (public?) sector initiatives and innovation and the need for adaptation of the delivery of interventions within traditional models. (It is also important to recognise existing public sector community health and rehabilitation programs.) We feel that the paper favoured a private sector response, rather than collaboration between all sectors and would seek a rebalance to reflect a multi-sector approach.

Physiotherapists play a significant role in improving a patient's functioning and improving the quality of life of those with a range of musculoskeletal conditions by reducing restriction in participation in activities. The International Classification of Functioning, Disability and Health (ICF) acknowledges the role of physiotherapists in managing musculoskeletal conditions.. We suggest that the domain of participation in the ICF and the role of physiotherapists in this domain could be more strongly emphasised in the texts.

We also suggest the inclusion of physiotherapists in the list of *Opportunities for improvement – Early diagnosis and treatment* on JIA Strategy p 8 to reflect the current and potential role of physiotherapists in the early diagnosis and treatment of JIA. Furthermore, we feel that the texts should list physiotherapists where appropriate, such as alongside pharmacists (e.g. p vi 7.3 and p 33 7.3).

The APA promotes the use of effective, evidence-based interventions, including aquatic physiotherapy. There is excellent evidence of the effectiveness of aquatic interventions in the management and maintenance of health and wellbeing for those with OA.<sup>1</sup> The APA would like to see the role of aquatic rehabilitation reflected in the documents.

Communication is key to improving health outcomes. Geography may be an additional barrier to effective communication. A clinician in a regional area identified, *inter alia*, the need for clear communication about the structure of the care team, model of care and promoting communication through work methods and systems. We suggest that the Strategy should discuss the importance of communication in improving health outcomes.

We look forward to the implementation of the Strategy and would be glad to discuss opportunities for further collaboration.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'Cris Massis', with a stylized flourish at the end.

Cris Massis  
CEO

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<sup>1</sup>American College of Rheumatology 2012 Recommendations for the Use of Nonpharmacologic and Pharmacologic Therapies in Osteoarthritis of the Hand, Hip, and Knee; Hochberg et al Arthritis Care & Research Vol. 64, No. 4, April 2012, pp 465–474