Feedback on the Position Paper:

Activities of daily living home modification service delivery by occupational therapists and physiotherapists

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Presented to WorkCoverSA

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Dear Sonja

Thank you for the opportunity to respond to the *WorkCoverSA Position Paper: Activities of daily living home modification service delivery, January 2013*

Thank you also for the time extension of one week to provide the APA's response.

An ADL assessment reviews the level of function of an injured worker in relation to personal care, household tasks and participation in social and recreational activities. An ADL assessment includes the identification of the need for any home modifications that will support an injured worker's independence, activities of daily living and reintegration into the workforce.

There are two main proposals that will impact on physiotherapists performing ADL assessments – the first proposal being to introduce an additional educational requirement before physiotherapists can recommend non-structural home modifications in an ADL and the second proposal being to prevent physiotherapists from altogether conducting ADL's which may include structural home modifications.

1. Non-structural home modifications

Set out on Page 7 of the Position Paper is the requirement of critical skills and competencies necessary before an OT or a PT to undertake home modifications service delivery.

The new proposed requirements specify that an OT, by virtue of their undergraduate training, are able to provide non-structural home modification services after or two or more years of clinical experience.

Physiotherapists with two or more years of clinical practice are also able to provide non-structural home modification services but only after completion of additional relevant non-structural home modification training. They must also have three peer-reviewed prescriptions and implementation of non-structural home modifications.

Physiotherapists have been performing non-structural home modification services for WorkCoverSA, Dom-Care and other physical rehabilitation agencies successfully in SA for decades.

As there is no clinical justification, or other legitimate reason to justify why physiotherapists now require additional training to perform non-structural home modifications (whereas OT's do not) - this new requirement should be abolished.

2. Structural home modifications

In relation to the future provision of 'structural' home modifications, the proposal is for OT's only to be able to provide such services but after completion of extensive additional training. Physiotherapists will not have access to this training, so will not qualify to provide 'structural' home modifications.

WorkCoverSA Position Paper proposes that OT's undertake extensive further training in structural home modifications on the basis that OT's only have the necessary clinical skills and competencies to undertake this further training. The APA disagrees with this premise entirely.

There are a number of physiotherapists who are experienced and proven competent in the prescription of structural home modifications services. To exclude these professional medical experts by way of shutting out the entire physiotherapy profession is discriminatory.

If there is now to be introduced a formal training program to ensure competency, then there should be no reason whatsoever for excluding physiotherapists from the opportunity to undertake additional training to become qualified in determining the need for structural home modifications.

The APA recommends that all suggested training for structural home modifications should be equally available to both the occupational therapy and physiotherapy professions.

Meeting with WorkCover 1 March 2013

None of these proposed changes to the WorkCover SA scheme on ADL modifications were flagged in the WorkCover SA fee schedule released only weeks ago in January 2013 and guidelines for Item PT760 did not specify any due changes.

The APA was therefore unclear of the genesis of this new WorkCoverSA position paper and related proposals and therefore sought a meeting to discuss this. We very much appreciated the subsequent meeting held with WorkCoverSA officers on Friday 1st March.

At the meeting, WorkcoverSA confirmed it had met with OT's as part of the review (but not the APA).

We also gained a better understanding of the rationale for the proposed changes being:

- Undergraduate training of OT's compared to PT's;
- To bring ADL service delivery in line with other jurisdictions; and
- Implication that OT's have some concern about PT's doing ADL's that involve structural modifications recommendations..

As a result, the APA would now like to address each of these items above more specifically.

1. **Undergraduate training content of OT's compared to PT's.**

OT graduates apparently do not need additional training in relation to providing non-structural home modifications, while PT graduates do. OT's have highlighted to WorkCoverSA their relevant undergraduate course work to support this premise. The APA notes that OT students undertake a single module in their second year of the OT course titled 'Enabling Occupation through Environmental Adaptation". This module of study is worth 4.5 units, is largely theoretical and there is one topic within that that looks at ADL services. OT's also undertake one module only of basic anatomy in first year. (Attachment A – OT Course)

As a result, the WorkCover SA Position Paper states "Occupational Therapy undergraduate education and training encompasses a knowledge and understanding of the environments in which people perform their 'occupational roles' and adaptation of these environments to support a person's level of function, participation and wellbeing."

To be fair exactly the same statement should be made about Physiotherapy training. The UniSA undergraduate physiotherapy course work covers the same ground of the patient 'adapting to the environment' to varying degrees within several subjects, but not grouped solely within the one specific topic or module.

The following principles equip Physiotherapy graduates to appropriately assess a person and environment to be able to make recommendations to promote safe and efficient mobility and function within a home, work, community, hospital or residential environment.

- Biomechanics & anatomy – to understand human movement
  - Human Anatomy 100 & 101
  - Physiotherapy Studies 100
- Person & environment interaction
  - Physiotherapy Studies 101
  - Neurosciences in Physiotherapy
  - Rehabilitation
  - Advanced Rehabilitation
- Equipment, manual handling, environmental modification
  - Physiotherapy Studies 200
  - Rehabilitation
  - Physiotherapy with Children
  - Occupational Health and Safety in Physiotherapy Practice
- Policies & guidelines
  - Occupational Health and Safety in Physiotherapy Practice

Rehabilitation is covered in both Year 3 and at advanced levels and, along with the module on Occupational Health and Safety, is particularly relevant when it comes to the training which WorkCoverSA requires – that which "*encompasses a knowledge and understanding of the environments in which people perform their 'occupational roles' and adaptation of these environments to support a person's level of function, participation and wellbeing*". (Attachment B - PT Course)

As a result of their undergraduate training physiotherapists are well equipped to develop specific competencies in ADL assessment processes, including the full range of home modification services. The APA asserts that PT's are just as competent as, if not more than, many OT's when it comes to providing such services.

Physiotherapists have similar training in this area to OT's, but in addition, physiotherapy training provides a far greater focus on pathology, biomechanical assessment and clinical reasoning skills. This allows physiotherapists involved in physical rehabilitation to problem solve on-site.

It should be acknowledged that some OT's and PT's may be deficient in performing some aspects of ADL service without additional practical training and practice. In many cases, there is an overlap of skills between PT's and OT's but it is on-the-job experience which will determine whether a skilled PT or skilled OT is qualified to perform a specific aspect of the ADL service.

The contextual setting in which the skills are used is also of significance, for example a physiotherapist who works in a mental health setting may well present with a different set of practical skills to a physiotherapist who works in an occupational health or aged care setting.

Physiotherapists who have worked for many years with WorkCoverSA as recognised and registered medical expert rehabilitation providers provide the Corporation with medical expert services including ADL assessments, and are skilled in determining the need for housing modifications.

In summary, the course work provided through the UniSA school eminently equips SA physiotherapists to progress within their chosen career path and it is in the occupational rehabilitation field that physiotherapists are easily just as capable as OT's in recommending non-structural and structural home modifications.

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2. To bring ADL service delivery in line with other jurisdictions

The WorkCoverSA Position Paper states "Occupational therapists predominantly, but not exclusively, are the preferred provider of home modification service delivery by other Australian workers compensation jurisdictions, compulsory third party insurance providers, various Australian government departments (i.e. Comcare) and the New Zealand Accident Compensation Corporation (ACC).

However WorkCoverSA is proposing to limit involvement by PT's in non-structural assessments and exclusively allow OT's to provide structural home modification assessments,

WorkCoverSA stated at the meeting that the proposed changes are simply bringing them into line with the other State WorkCover or equivalent jurisdictions. This is not correct.

Other States' Schemes

The APA has (as per the following table) confirmed that Physiotherapists are very much involved in structural and non-structural home modifications in all states except Victoria.

It is only WorkSafe VIC that exclusively uses OT's ADL assessments that include non-structural and/or structural home modifications.

State	Non Structural	Structural
QComp	Both OT & PT	Both OT & PT
WorkCoverWA	Both OT & PT	Both OT & PT
WorkCoverSA	Both OT & PT	Both OT & PT
WorkCover NSW	Both OT & PT	Typically OT – if not need demonstrated expertise
WorkCover SA (currently)	Both OT & PT	Both OT & PT
WorkSafeNT TIO	Both OT & PT	Both OT & PT
WorkSafe Victoria	Just OT	Just OT

The APA therefore disagrees with WorkCoverSA's assertion that the proposed changes simply bring the provision into line with most other States' compensable jurisdictions.

In all States where both OT's and PT's provide non-structural home modification services, both professions are considered to have an equal degree of competency and capability.

While it may be more common for an OT to perform structural home modifications services in all States but Victoria, it tends to be a case of who of the registered providers is most readily available do the job, and then who the case manager engages.

APA objects to the rationale of doing something just because 'everyone else is doing it'. This approach is not at all objective, but is self-perpetuating and leads to other organisation's accepting the position without question.

Home modification services are definitely not seen to be exclusively within the OT Scope of Practice.

In the Northern Territory and other state regional or remote areas, particularly where there is no OT available, PT's are called upon to provide ADL assessments which include non-structural and occasionally structural home modification services,.
PT's are eminently capable of taking on the role of providing the full range of ADL services.

It should also be noted that a number of other agencies that allow both PT's and OT's to provide ADL services, including Dom-Care, DVA, RAH, and the Military Compensation Scheme to name a few.

Dom-Care Feedback

While Dom-Care obviously does not provide services to WorkCoverSA patients, its core business is in providing services such as ADL's including structural and non-structural home modifications for elderly residents. Dom Care's main focus is on falls prevention so these home modifications are directed at reducing the risk of falls in the home and facilitating independent living.

The critical skills and competencies for OT's and PT's to provide non-structural home modifications, which are listed as part of WorkcoverSA's competency framework (outlined on page 7), are very similar to what Dom-Care already has in place for their staff.

Dom-Care employs approximately 50 physiotherapists and 50 OT's. Any PT and any OT who provides non-structural home modifications must complete the internal course provided by Dom-Care, which comprises of 4 modules, each of half day duration.

The Dom-Care scenario demonstrates training in ADL's can be conducted internally and this training is compulsory for both OT's and PT's,

The WorkCoverSA Position Paper specifies that "for further information, interested persons should refer to their website page 7", but the training is not identified on that page, so APA members, employed by Dom-Care advised that they could not make specific feedback on the content of the training proposed by WorkCoverSA.

The APA agrees in general, that a competency framework has merit, but is adamant that if it is to be applied, then it should be mandatory for both OT's and PT's and any training program must be prepared by experienced physiotherapists and OT's. The Dom-Care scenario supports this notion.

The reality is that PT's, upon graduation, are not always immediately able to do every role their job may require and obviously will need to develop further skills through mentoring, on the job experience and ongoing training. Similarly, as Dom-Care have found, a newly graduated OT will not have the immediate capability to do all that is required in an ADL assessment without on the job experiential opportunities and training.

OT's do not have a focus on pain, pathology and biomechanics but more a focus on providing modifications from a functional and practical point of view. Usually in the Dom-Care setting, when an OT is involved with a mobility impaired patient needing a ramp for example, they need a PT to advise on the prognosis of the injury and potential recovery pathway of the patient. PT's are often involved through Dom-Care to assess if an injury is likely to impact on access or mobility arrangements for the patient.

Page 17 of WorkCoverSA's proposal refers to the requirement of 10 peer reviewed prescriptors for PT's, which is a very stringent requirement and there is no requirement for peer review at all for OT's. In comparison, Dom-Care specifies the requirement of only three peer reviewed prescriptors for both physiotherapists and OT's. The APA agrees that peer-review requirements for PT's and for OT's should be the same.

In summary, Dom-Care has been in the business of falls prevention and ADL services for many decades. They advise that new graduates are not ready to conduct ADLs and home modifications simply by virtue of their university training, irrespective of whether they are trained in physiotherapy or occupational therapy. While OT's may have done one module on environmental modification in their undergraduate training, the undergraduate training only covers this topic theoretically and there is no practical component to the training. As such, it is unreasonable to expect that OT's should be deemed qualified upon completion of undergraduate training, even without practical experience or the need to undergo peer-review.

Feedback from RAH - new Royal Adelaide Hospital

Hal Robertson is a physiotherapist employed at RAH and Queen Elizabeth Hospital (QEH) specialising in Occupational Health and Safety and she is currently working with architects, builders and engineers, in modifying the building design for geriatric patients.

Her team is involved in the design of new facilities at the RAH, including facilities for bariatric patients to ensure they meet legislative requirements and facilitate good manual handling practices. The focus in this brief is on ensuring equipment and construction allow for optimal and safe patient handling for staff, but also to allow optimal and safe egress and access in and out of the building for patients who are independently mobile.

OT's are not being consulted in this area at all because PT's have the necessary background in movement and skills. This clearly demonstrates that SA Health acknowledge that physiotherapists have clinical competencies in manual handling and optimal patient handling and their interaction with the physical environment. We provide this information as further evidence of the appropriateness of a physiotherapist's training to equip them for this type of work.

3. Implication that there may have been concern about PT's performing ADL assessments

WorkCoverSA data indicates that over the past 3 years, 120 – 170 ADL assessments per year have been performed, with OT's delivering 79%, compared to 21% of services delivered by PT's. Data also indicates that most ADL assessments involve only non-structural modifications and that currently, it is only OT's who are providing structural home modifications.

There are a number of SA physiotherapists who currently work with WorkCoverSA who have extensive experience and proven competence in the provision of physical rehabilitation services and have been involved in not only the prescription of non-structural home modifications, but also structural. So we are not sure why WorkCoverSA data is not reflecting this fact.

Physiotherapists have been delivering structural home modifications services successfully within other SA organisations such as CRS (Commonwealth Rehabilitation Service) and Recovre without any restrictions for the past 10 years.

The APA questions, on behalf of these physiotherapists, what exactly has brought about this recent push for additional education, training and peer-review assessment for non-structural home modifications, and complete ban of physiotherapists to recommend structural home modifications?

Whilst we do not know of any reports of physiotherapists underperforming in a particular assessment service, if there are outliers they should be educated on the correct processes and procedures. If however there is no evidence of physiotherapists failing to perform to standard, it is questionable why the requirements for further education and training are suddenly necessary.

We contend that several of our most experienced members have been successfully performing all facets of an ADL assessment for many years, without any problems.

We highlight that physiotherapist and APA member David Worth PhD from Rankin Occupational Safety and Health (Rosh Pty Ltd), who has been successfully performing structural and non-structural ADLs for decades for WorkCoverSA and for handicapped/disabled persons.

David has specialist level knowledge of biomechanical processes and is well-qualified to undertake a thorough assessment of the patient's current capacity. He regularly supervises Occupational Health Specialists for the APA and is called upon often for medico-legal reporting to provide expert opinion on ADL assessments. David is currently co-authoring a book on Forensic Physiotherapy as an adjunct Research Fellow at UniSA – one chapter is specifically on ADL's.

It is offensive to highly trained and experienced physiotherapists such as David that, potentially, he may no longer be able to recommend non-structural modifications unless he goes back to do some formal training. Nor can David be allowed to undertake any additional training to perform structural home modifications. Instead, a graduate OT is deemed to solely have the capacity to do additional training to perform structural home modifications.

Our specialist and titled physiotherapists are highly trained and competent and likely to achieve better treatment outcomes for patients in a shorter timeframe.

Indeed, evidence has clearly demonstrated that experienced physiotherapists have higher levels of knowledge in managing musculoskeletal conditions than medical students, physician interns and residents, and all physician specialists except for orthopaedists[1]. When magnetic resonance imaging (MRI) was used as the gold standard, the diagnostic accuracy of physiotherapists for clients with musculoskeletal injuries was found to be as good as that of orthopaedic surgeons and significantly better than that of non-orthopaedic providers[2].

Hypothetically, should these proposals go through, the APA asks–? Should the experienced PT perform 80% of the ADL home visit, then as soon as it becomes apparent that certain modifications to the home may be required, the PT then must leave the job incomplete and call in the newly graduated OT to complete the service? The APA submits that this is not efficient time-wise or financially.

The final consideration we raise is whether either profession – OT's or PT's have the right to claim that they are automatically competent to do all facets of an ADL assessment upon graduating? If there is concern that the PT's are not competent in some areas without additional training, then to be fair, it should also be considered whether there are any concerns about OT's not being fully and immediately capable of performing ADL assessments.

According to the research paper: *Australian Occupational Therapy Journal* (2005) *Workers' compensation insurance agents' satisfaction with occupational therapy activities of daily living assessments* by Rachael Mason, Susan Darzins and Jean Cromie School of Occupational Therapy, LaTrobe University Bundoora Victoria:

> *WorkCover Authority claims officers and injury management advisors from 10 authorised agents were <u>not</u> satisfied with OT's:*
>
> - Not fully understanding the requirements from the Case Manager
> - Not addressing medical background issues
> - Not fully considering the worth of family or household members to assist with household tasks
> - Knowledge of the workers compensation system
> - How OT's made decisions when recommending household services
> - Were insufficiently focused on return to work and did not understand the claims management process
>
> A copy of this research paper is attached.

In conclusion, the APA insists that home modification assessments should not be the province of the OT profession. It is the competence and experience of the individual medical expert (PT or OT) and their ability to provide the service in a timely manner and at a reasonable expense, that should determine who is best suited to the job at hand.

Yours sincerely

Baldwin

APA (SA President)

[1] Weale, A.E. and G.C. Bannister, Who should see orthopaedic outpatients-physiotherapists or surgeons? Ann R Coll Surg Engl, 1995. 77: p. 71 - 73

[2] Daker-White, G., et al., A randomised controlled trial. Shifting boundaries of doctors and physiotherapists in orthopaedic outpatient departments. J Epidemiol Community Health, 1999. 53: p. 643 – 650

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ATTACHMENT A

OT Undergraduate Training - UniSA

"Enabling Occupation through Environmental Adaptation" Year 2 - 1 Module

Course aim

The aim of this course is to develop entry-level ability for conducting environmental assessments and for providing intervention through environmental manipulation.

Course content

Principles, techniques, legislative and relevant governance requirements for the application of universal access, assistive technology and environmental modifications to facilitate occupational performance. Principles and techniques to assess environmental dimensions of a person's environment and recommend equipment and modification to facilitate occupational performance. Occupational impact of a range of conditions including spinal cord injury, amputation, developmental delay, sensory processing deficits, multiple severe disabilities and the clinical reasoning process underpinning assessment and intervention within the Occupational Performance Model.

Physiotherapy Undergraduate Training - UniSA

The following principles underpin Physiotherapy graduates to appropriately assess a person and environment to be able make recommendations to promote safe and efficient mobility and function within a home, work, community, hospital or residential environment.

- Biomechanics & anatomy – to understand human movement
    - Human Anatomy 100 & 101
    - Physiotherapy Studies 100
- Person & environment interaction
    - Physiotherapy Studies 101
    - Neurosciences in Physiotherapy
    - Rehabilitation
    - Advanced Rehabilitation
- Equipment, manual handling, environmental modification
    - Physiotherapy Studies 200
    - Rehabilitation
    - Physiotherapy with Children
    - Occupational Health and Safety in Physiotherapy Practice
- Policies & guidelines
    - Occupational Health and Safety in Physiotherapy Practice

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Physiotherapy Course Statements

Human Anatomy 100 (HLTH 1020)

Course aim

The aim of this course is to provide students with knowledge and understanding of the gross anatomy of the human body.

Course content

Anatomical terminology, regions and planes; upper limb; lower limb; thorax; abdomen; pelvis; spine; bones; joints; muscles; soft tissues; surface anatomy.

Human Anatomy 101 (HLTH 1030)

Course aim

The aim of this course is to undertake a comprehensive study of the anatomical structure and function of the musculoskeletal, peripheral nervous, cardio-vascular and respiratory systems and gastrointestinal and genitourinary tracts.

Course content

Detailed anatomy of the musculoskeletal, cardiovascular and respiratory systems and gastrointestinal and genitourinary tracts. Principles of biomechanics as they apply to individual musculoskeletal segments.

Physiotherapy Studies 100 (REHB 1026)

Course aim

The aim of this course is to provide students with an understanding of the foundation concepts of human biomechanics and clinical reasoning and the practical application of these in physiotherapy practice.

Course content

Kinematics and kinetics of human movement. Gravity, equilibrium, forces, levers, the role of muscles in normal movement and in exercise therapy, biomechanics of biological tissue, effect of loading. Basic physical examination skills, surface anatomy, palpation, muscle length and strength testing, passive range of motion techniques. Clinical reasoning: problem definition, clinical problem solving framework, use of evidence and inference.

Physiotherapy Studies 101 (REHB 1027)

Course aim

The aim of this course is to build foundation knowledge of theory that underpins physiotherapy management of chronic conditions, and to develop practical and reasoning skills used in the safe and effective practice of massage.

Course content

Definitions of chronic conditions and their impact on society's health status. The relationship between the prevalence and severity of chronic conditions and social determinants of health. The ICF framework will be used to explore a variety of common chronic conditions. The role and interaction of personal factors in the adaptation

to, and management of chronic conditions. Learning and behaviour change theories and principles of management. Massage theory and practical.

Neurosciences in Physiotherapy (REHB 2048)

Course aim

The aim of this course is for students to gain knowledge of the neural, physiological, mechanical, cognitive and behavioural influences on the development and control of movement.

Course content

Lifespan perspective of motor development, application of motor control and motor learning into physiotherapy practice; typical human growth and development; causes and mechanisms of atypical movement across the lifespan; neuroplasticity, recovery and function; ICF framework; postural control, gait, upper limb function; movement analysis; motor skills; assessment of substrates of movement (tone, sensation and movement coordination)

Physiotherapy Studies 200 (REHB 2041)

Course aim

The aim of this course is to provide an opportunity for students to develop an understanding and application of specific physiotherapy skills.

Course content

Relating the use of specific physiotherapy skills to the ICF framework. Electrophysical agents of heat/cold and ultrasound theory and practice. Principles of infection control applicable to included techniques. An introduction to subjective and objective examinations. An understanding of the theory and practice of manual handling and gait aid prescription and use. Code of conduct and safe practice in the use of all included techniques. Guidelines and practice for teaching other health workers in the use and safety of manual handling and gait aids.

Rehabilitation (REHB 3011)

Course aim

The aim of this course is to develop knowledge and clinical skills in the rehabilitation/habilitation setting based on a sound understanding of the client's condition and the effect of physiotherapy intervention on this condition.

Course content

Causes and mechanisms of abnormal movement. Pathophysiology and sequelae of a wide range of chronic and degenerative conditions requiring rehabilitation including: neuromuscular diseases, intellectual disability, Parkinson's disease, multiple sclerosis, stroke, head injury, spinal cord injury, peripheral neuropathy, amputation, rheumatoid arthritis, cystic fibrosis, asthma, chronic airways limitation. Physiotherapy evaluation procedures, outcome measures and intervention planning relevant to these conditions. Physiotherapy intervention including specific therapeutic techniques, exercise, application of principles of motor learning, programming for a variety of settings, functional mobility, postural control, gait, use of orthoses, mobility aids and other assistive devices, equipment and technology, electrotherapy. Social and emotional issues relating to disability, occupational health and safety issues especially manual handling, interdisciplinary role of other team members of the rehabilitation team and modes of service delivery, accessing ongoing community support for client's chronic condition self management, role of advocacy.

Occupational Health and Safety in Physiotherapy Practice (REHB 4011)

Course aim

To provide students with a broad knowledge base and understanding of the philosophy of occupational health and safety (OH&S), and practical experience in working with employees and management.

Course content

Directed OH&S theory, application of physiotherapy principles to OH&S practice, industry placements to experience OH&S issues.