



University of Brighton



CHAMPIONING PRIVATE PHYSIOTHERAPY

The Physio First Data for Impact Study: A descriptive report of the findings

National report (no. 15) for data collected between 17.11.14 and 1.1.18

Report prepared by:

Dr Shemane Murtagh	University of Brighton
Ms Jenny Venton	University of Brighton
Dr Elizabeth Bryant	University of Brighton

Project Steering Group

Mrs Sandy Lewis	Physio First
Dr Elizabeth Bryant	University of Brighton
Dr George Olivier	University of Brighton
Dr Shemane Murtagh	University of Brighton

Report prepared January 2018

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
LIST OF FIGURES	3
LIST OF TABLES.....	4
INTRODUCTION TO THE PHYSIO FIRST DATA FOR IMPACT STUDY.....	5
Profile of practitioners.....	6
Number of patient data sets received	7
Patient Details	8
Gender	8
Age range of patients treated	8
Occupation.....	8
Patients off work due to their presenting symptom.....	9
Diagnosis.....	10
Duration of symptoms	10
Previous episodes	10
Cause of onset.....	11
Specific physiotherapy diagnosis	12
Initial functional, physical and subjective outcome score.....	13
Referral Information.....	14
Referral Source	14
Payment responsibility	14
Reasons for choosing practice	15
Time between wanting treatment and commencement of treatment.....	15
Body Site.....	16
General body site	16
Specific body site	16
Treatment Details	18
Length of initial examination and/or treatment	18
Treatment modalities	18
Treatment provided by more than one physiotherapist	21
Factors influencing the outcome of treatment	21
Discharge Information.....	23
Goal achievement at discharge	23
Functional, physical and subjective outcomes at discharge	23
Outcome of referral	25
Number of treatments	25
Average length of treatment session.....	26
Average length of administration time per patient	27
Patient status on returning to work.....	27

LIST OF FIGURES

Figure 1 Participating practitioners by region.....	6
Figure 2 The total number of discharged data sets received per practitioner	7
Figure 3 Age distribution of patients	8
Figure 4 Duration of symptoms	10
Figure 5 Number of previous episodes of the presenting symptoms.....	11
Figure 6 Cause of the onset of presenting symptom.....	11
Figure 7 The initial assessment of functional, physical and subjective outcome score.....	13
Figure 8 Number of days between wanting treatment and commencement of treatment.....	15
Figure 9 General body site	16
Figure 10 Length of initial examination and/or treatment	18
Figure 11 The initial treatment modalities.....	19
Figure 12 Treatment modalities used in subsequent appointments	19
Figure 13 Goal achievement at discharge	23
Figure 14 Functional, physical and subjective (FPS) score at discharge.....	24
Figure 15 A visual comparison of the FPS scores (initial vs final scores)	24
Figure 16 Number of treatment sessions.....	26

LIST OF TABLES

Table 1 Practitioner details (including data input)	6
Table 2 Patient occupations.....	9
Table 3 Time off work due to the presenting symptom	9
Table 4 The 29 most frequently reported specific physiotherapy diagnoses	12
Table 5 Referral source	14
Table 6 Payment responsibility	14
Table 7 Reasons for choosing the practice.....	15
Table 8 Specific body site of the presenting symptoms.....	17
Table 9 Number of treatment modalities used in the initial session	18
Table 10 The overall usage of each treatment modality	20
Table 11 Treatment provided by more than one physiotherapist.....	21
Table 12 Number of possible factors influencing the outcome of treatment	21
Table 13 Factors influencing the outcome of treatment.....	22
Table 14 Outcome of referral	25
Table 15 Average length of treatment session	26
Table 16 Average length of administration time.....	27
Table 17 Patient work status following treatment.....	27

INTRODUCTION TO THE PHYSIO FIRST DATA FOR IMPACT STUDY

Clinicians are becoming increasingly aware of the need to be able to demonstrate and account for the delivery and quality of their clinical services. Online standardised data collection systems, if carried out rigorously, can be used by clinicians to gather this information in a robust and accessible way. Furthermore using standardised data collection systems, together with validated/reliable outcome measures, can provide additional information about efficiency, effectiveness and quality of care.

In 2014 Physio First (the Organisation for Chartered Physiotherapists in Private Practice in the UK) commissioned the University of Brighton to set up, monitor and maintain an online standardised data collection system for use within musculoskeletal physiotherapy private practice. The standardised data collection system used in this project was developed over several years following a number of different phases including identifying relevant criteria for inclusion; piloting the tool through a number of pilot studies and the development of an electronic database. The system provides detailed information about current practice, patient demographics and outcome of care within musculoskeletal physiotherapy private practices in the UK.

Benefits to Physio First members

1. The standardised data collection system is available for use in individual practices nationally to inform practice audits and practice development.
2. Information re clinical outcomes, patient profiles and service delivery is readily available for CPD, reflective practice, peer review and other professional purposes.
3. The data collection tool enables practitioners to improve their goal setting and outcome measurement. It may be that practitioners will use some of the material available to them for marketing purposes.
4. The rich data produced will enable national priorities for research and audit to be easily set by the organisation.

All Physio First members who treat patients with musculoskeletal conditions are eligible to participate in this study and are invited to register via an online registration form. Once registered, practitioners are given a unique account name and password to access the web based standardised data collection system. Practitioners are asked to input specific patient data for all new patients they treat.

The national data set is downloaded and analysed every four months. This report contains a descriptive analysis of the data collected on the system between November 2014 and January 2018.

Profile of practitioners

532 practitioners registered to participate in the PF-DfI study. The majority of practitioners recruited were based within the south east of England (25.8%). However, every part of the UK was represented in the study as can be observed in Figure 1.

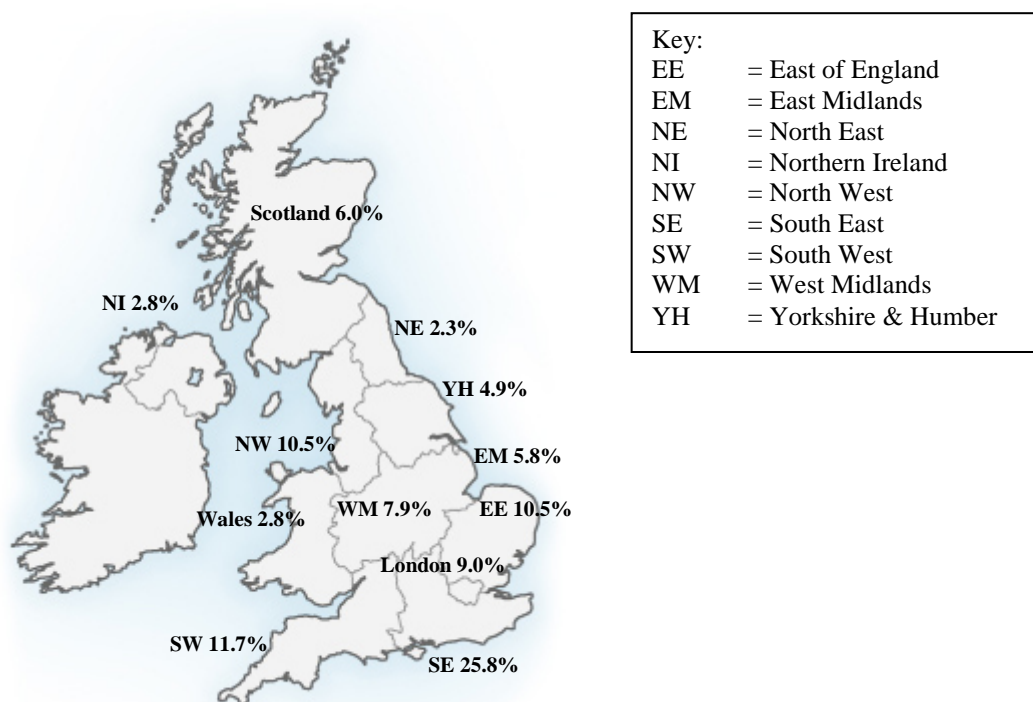


Figure 1 Participating practitioners by region

From the participating practitioners, 292 practitioners (54.9%) have input some patient data using the online system since the launch of the project (see Table 1). Compared to the last download (1.9.17) there is a smaller percentage (37.6% compared to 40.3%) of practitioners who have failed to input any patient data since the start of the project. A small percentage have withdrawn from the project, reasons for withdrawal include lapsed Physio First membership and retirement.

Table 1 Practitioner details (including data input)

	<i>n</i>	%
Registered practitioners who have input some patient data using the online system	292	54.9
Practitioners who have not yet input any patient data onto the system since registering	200	37.6
Practitioners who have withdrawn from the study	40	7.5
<i>Total</i>	532	100

Number of patient data sets received

A total of 28,044 patient data sets have been entered onto the online data collection system since the launch of the online system. Of these data sets, 24,590 patient data were recorded as discharged. The current report presents the descriptive analysis of the discharged patient records only.

The average (median) number of discharged data sets received from each practitioner was 42 (interquartile range, IQR: 6-103). This number varied per practitioner from 0 to 1,645 data sets. A breakdown of the total number of discharged datasets received per practitioner can be seen in Figure 2.

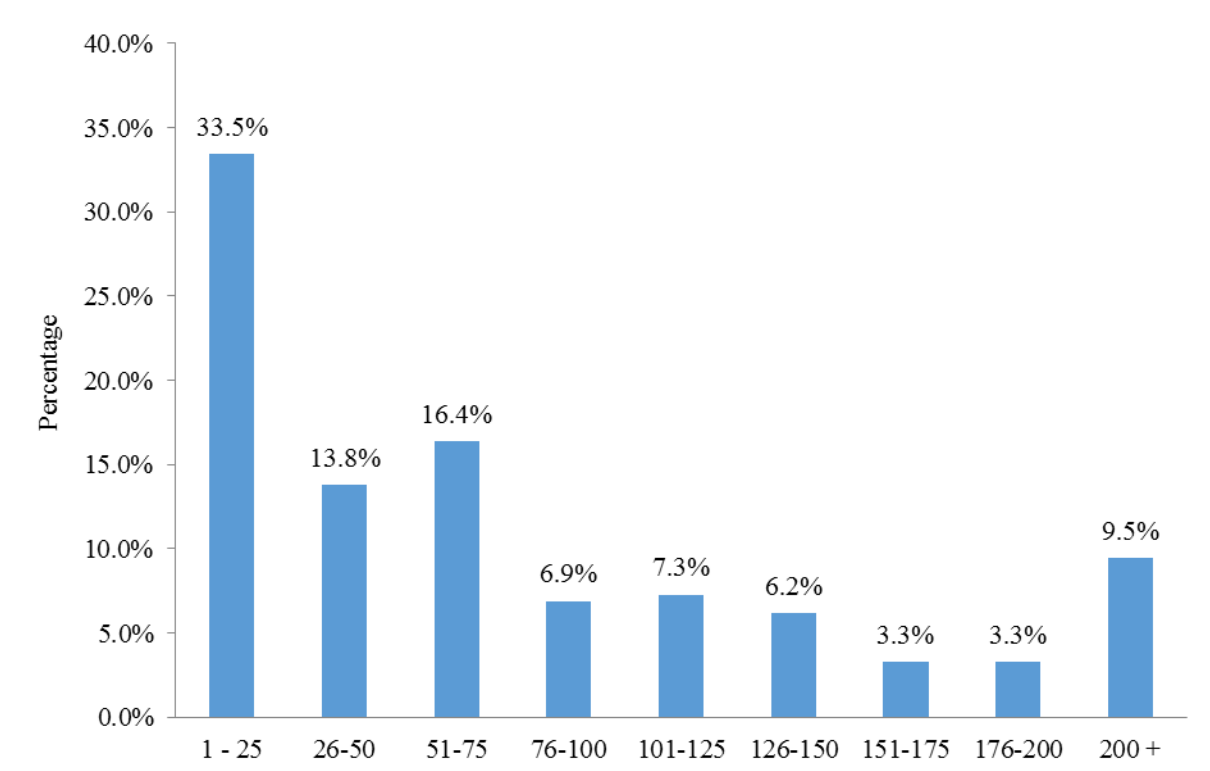


Figure 2 The total number of discharged data sets received per practitioner

Patient Details

Gender

The gender distribution of the patients was 52.9% female and 46.7% male. This detail was not reported in 0.4% ($n=88$) of the patients. In the UK national adult population figures are slightly different: 50.8% female, 49.2% male (National Statistics Office: Annual mid-year population 2012).

Age range of patients treated

The age range of patients treated was from 0 years to 102 years. Figure 3 shows the breakdown of patients by age groups. The mean age of all patients was 51.8 ± 17.7 years. This information was not reported for 1.6% of the data.

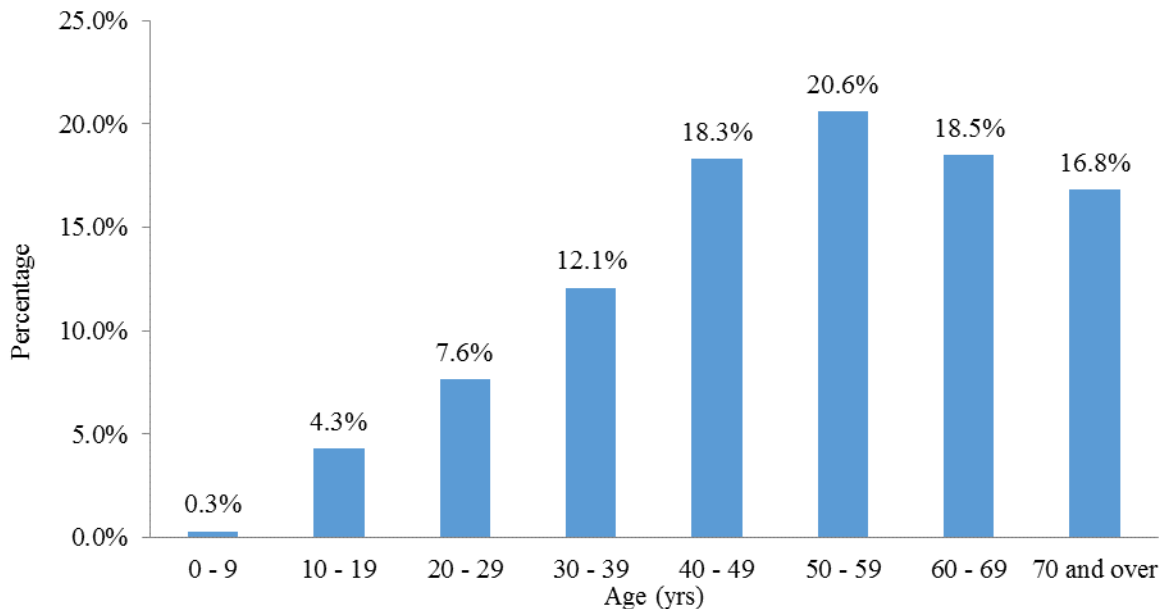


Figure 3 Age distribution of patients

Occupation

The largest group of occupation reported was 'retired' and this represented 26.5% of the patients. Of the male patients 22.7% were retired compared with 29.9% of the females. All occupations are listed in Table 2.

Table 2 Patient occupations

Occupation	All patients		Female patients		Male patients	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Retired	6519	26.5%	3889	29.9%	2604	22.7%
Professional	4634	18.8%	2101	16.1%	2520	21.9%
Managers	2197	8.9%	738	5.7%	1449	12.6%
Associate professional	2068	8.4%	1079	8.3%	984	8.6%
Administrative	1775	7.2%	1504	11.6%	266	2.3%
Skilled trade	1532	6.2%	266	2.0%	1259	11.0%
Housewife/husband	904	3.7%	883	6.8%	20	0.2%
Student	782	3.2%	387	3.0%	389	3.4%
School	709	2.9%	379	2.9%	326	2.8%
Sales and customer service	834	3.4%	468	3.6%	365	3.2%
Personal service	897	3.6%	696	5.3%	197	1.7%
Elementary	782	3.2%	329	2.5%	450	3.9%
Plant operator	500	2.0%	44	0.3%	455	4.0%
Professional sportsperson	111	0.5%	44	0.3%	66	0.6%
Unemployed	128	0.5%	76	0.6%	51	0.4%
Long-term sickness	51	0.2%	33	0.3%	18	0.2%
Prisoner	0	0.0%	0	0.0%	0	0.0%
No response	167	0.7%	97	0.7%	69	0.6%
<i>Total</i>	<i>24590</i>	<i>100.0%</i>	<i>13013</i>	<i>100.0%</i>	<i>11488</i>	<i>100.0%</i>

*Eighty eight records had no report of gender

Patients off work due to their presenting symptom

A small number of patients ($n=1590$; 6.5%) reported being off work due to their presenting condition and their length of time reported off work is shown in Table 3.

The time off ranged from under 1 week to over 1 year. Most patients were off work for no more than 2 weeks. A small number of patients had been off work for more than one year.

Table 3 Time off work due to the presenting symptom

Length of time off work	For all patients		For those who responded "no" to being able to work with their present problem	
	<i>n</i>	%	<i>n</i>	%
Up to 1 week	715	2.9%	547	34.4%
Up to 2 weeks	342	1.4%	286	18.0%
Up to 3 weeks	164	0.7%	125	7.9%
Up to 4 weeks	122	0.5%	90	5.7%
1 to 2 months	172	0.7%	140	8.8%
3 to 6 months	108	0.4%	78	4.9%
6 to 12 months	40	0.2%	28	1.8%
More than 1 year	50	0.2%	31	1.9%
No response	22877	93.0%	265	16.7%
<i>Total</i>	<i>24590</i>	<i>100.0%</i>	<i>1590</i>	<i>100.0%</i>

Diagnosis

Duration of symptoms

The largest group of patients had experienced their symptoms for 1-2 weeks (22.2%), followed closely by 3-4 weeks (16.8%). A notable sized group (14.5%) had experienced their symptoms for more than 12 months. The details are shown in Figure 4. This information was not reported for 0.3% of the data.

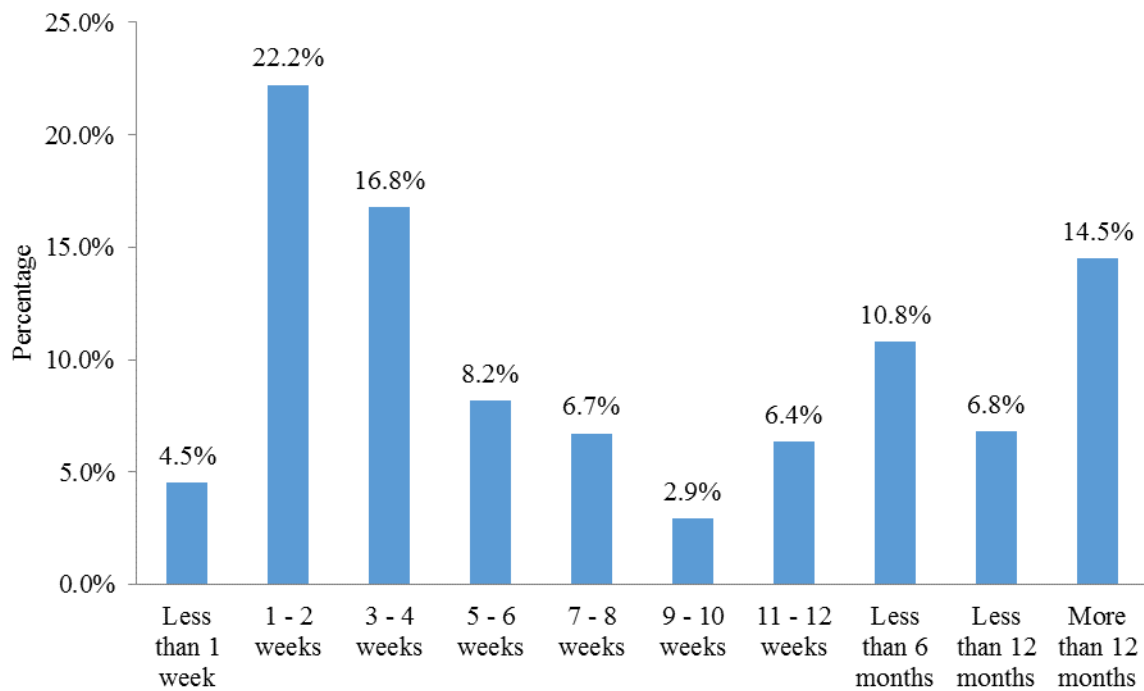


Figure 4 Duration of symptoms

Previous episodes

Practitioners could record the number of previous episodes of the presenting condition a patient had experienced. Over half the patients (57.4%) had not experienced a previous episode, whilst 20.4% had experienced many episodes of the presenting condition. Figure 5 shows the number of previous episodes. This information was not reported for 0.4% of the data.

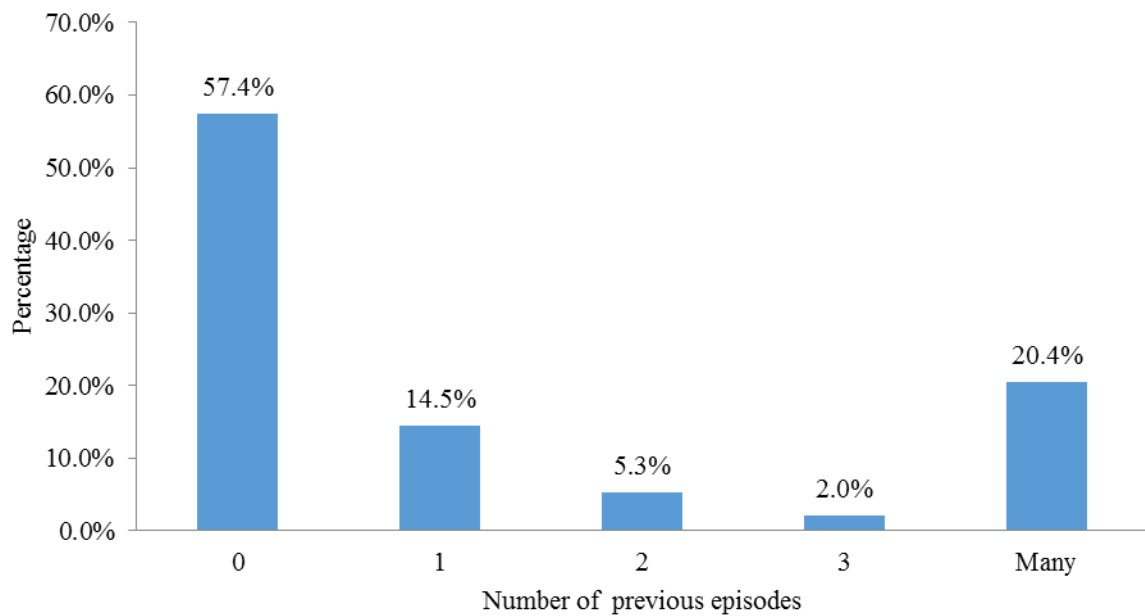


Figure 5 Number of previous episodes of the presenting symptoms

Cause of onset

Practitioners could choose between six different types of onset. The most frequently reported cause was spontaneous (36.1%). This information was not reported for 0.4% of the data. The detail is displayed in Figure 6.

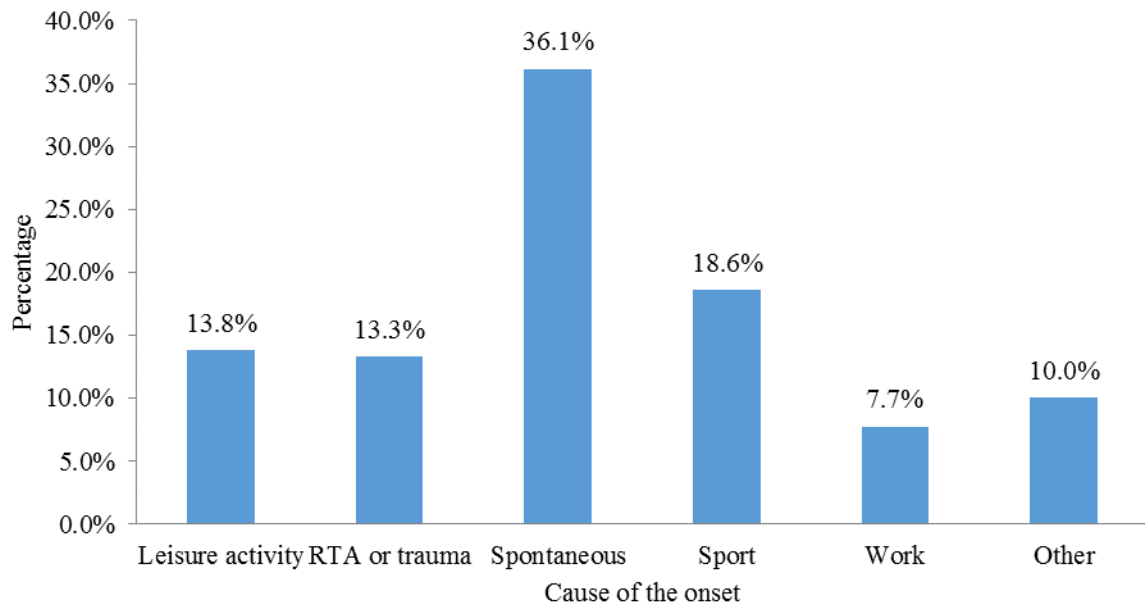


Figure 6 Cause of the onset of presenting symptom

Specific physiotherapy diagnosis

Practitioners could choose from a list of specific physiotherapy diagnoses and report whether each condition fell into one of the set.

The 29 most reported diagnoses, all of which were 1% or more of the total reported, are shown in Table 4. The two most reported diagnoses were joint dysfunction/pain (16.3%) and non-specific low back pain (9.7%). This information was not reported for 0.5% of the data.

Table 4 The 29 most frequently reported specific physiotherapy diagnoses

Specific physiotherapeutic diagnosis	<i>n</i>	%
Joint dysfunction/pain	4004	16.3%
Non-specific low back pain (acute / chronic)	2363	9.6%
Muscular tenderness/dysfunction	1606	6.5%
Soft tissue injury	1463	5.9%
Tendinopathy	1410	5.7%
Osteoarthritis	1164	4.7%
Disc lesion with neural impingement	822	3.3%
Ligamentous injury	806	3.3%
Post-op symptoms	806	3.3%
Spondylosis / arthrosis	799	3.2%
Nerve impingement	736	3.0%
Whiplash	723	2.9%
Rotator cuff	649	2.6%
Multiple tissue injury (bone, joint & soft tissue)	623	2.5%
Disc lesion	577	2.3%
Other	543	2.2%
Repetitive strain injury / overuse injury	495	2.0%
Muscle imbalance	494	2.0%
Meniscal tear / cartilage / labrum	419	1.7%
Bony injury, e.g. fracture	399	1.6%
Joint injury	369	1.5%
Impingement syndrome	353	1.4%
Anterior knee pain	348	1.4%
Capsulitis	298	1.2%
Neuromuscular imbalance/instability	292	1.2%
Tennis elbow	276	1.1%
Neurodynamic problems	260	1.1%
Bursitis	247	1.0%
Joint instability	244	1.0%

Initial functional, physical and subjective outcome score

The practitioner, in conjunction with the patient, recorded a score for their functional, physical and subjective condition (FPS) at the time of their first assessment. It was not expected that any patient would exactly fulfil all the criteria for a certain group but that a 'best fit' would be agreed. The mean score reported was 5.6 ± 1.8 . Figure 7 displays the detail. This information was not reported for 0.6% of the data.

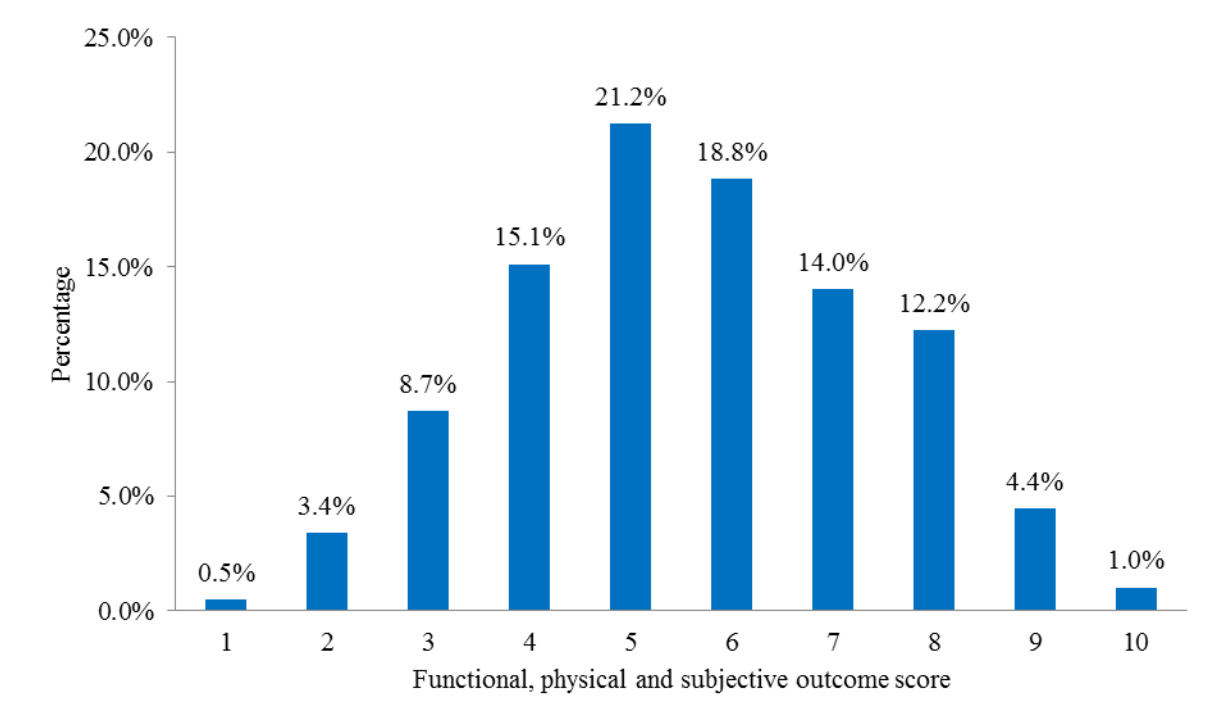


Figure 7 The initial assessment of functional, physical and subjective outcome score

Referral Information

Referral Source

The largest source of referral was ‘self-referral’ (75.0%). The detail is shown in Table 5. More females than males were referred by their GP (7.2% females compared with 6.3% males).

Table 5 Referral source

Source of referral	All patients		Female patients		Male patients	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Self-referral	18450	75.0%	9837	75.6%	8555	74.5%
GP	1673	6.8%	939	7.2%	724	6.3%
Medical consultant	1360	5.5%	757	5.8%	598	5.2%
Intermediary	1122	4.6%	542	4.2%	576	5.0%
Other healthcare service	321	1.3%	182	1.4%	139	1.2%
Private medical insurer	734	3.0%	342	2.6%	388	3.4%
Company	645	2.6%	253	1.9%	386	3.4%
Other physiotherapy service	122	0.5%	74	0.6%	47	0.4%
Solicitor	68	0.3%	37	0.3%	31	0.3%
No response	95	0.4%	51	0.4%	44	0.4%
<i>Total</i>	<i>24590</i>	<i>100.0%</i>	<i>13014</i>	<i>100.0%</i>	<i>11488</i>	<i>100.0%</i>

*Eighty eight records had no report of gender

Payment responsibility

The majority of patients paid for their own treatment (74.0%) and insurance companies paid for less than a fifth of the treatments (17.2%). The details are displayed in Table 6.

More females (76.2%) paid for their treatment compared to males (71.5%). A higher percentage of males received treatment paid for by their employers compared with females (2.9% versus 1.6%) and a slightly higher percentage of males received treatment paid through insurance companies compared with females (18.7% for males compared with 15.9% females).

Table 6 Payment responsibility

Payment responsibility	All patients		Female patients		Male patients	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Self	18185	74.0%	9919	76.2%	8211	71.5%
Insurance company	4234	17.2%	2067	15.9%	2147	18.7%
Intermediary	826	3.4%	405	3.1%	419	3.6%
Combination of self and insurance	475	1.9%	259	2.0%	213	1.9%
Employer	543	2.2%	211	1.6%	329	2.9%
NHS	69	0.3%	37	0.3%	31	0.3%
Sporting association	80	0.3%	15	0.1%	61	0.5%
Solicitor	61	0.2%	36	0.3%	25	0.2%
No response	117	0.5%	65	0.5%	52	0.5%
<i>Total</i>	<i>24590</i>	<i>100.0%</i>	<i>13014</i>	<i>100.0%</i>	<i>11488</i>	<i>100.0%</i>

*Eighty eight records had no report of gender

Reasons for choosing practice

Practitioners could ask the patient why they chose to attend the practice from a list of seven reasons. The most common reason mentioned was that the patient had attended the practice previously (i.e. returner). The second most reported reason was that they had heard about the practice from someone else (i.e. word of mouth). The details are shown in Table 7.

Table 7 Reasons for choosing the practice

Reason for choosing practice	<i>n</i>	%
Returner	9239	37.6%
Word of mouth	7851	31.9%
Referred to practice	3483	14.2%
Local knowledge	1343	5.5%
Advertising	1574	6.4%
Insurance company	855	3.5%
Articles	15	0.1%
No response	230	0.9%
<i>Total</i>	<i>24590</i>	<i>100.0%</i>

Time between wanting treatment and commencement of treatment

More than half the patients (61.3%) commenced their treatment within 2 days of requesting an appointment, and almost all (91.6%) were treated within one week of requesting treatment. This information was not reported for 1.2% of the data. Patients whose referral time was recorded but who were unable or unwilling to attend their first appointment (as reported under influencing factors) were excluded from the analysis (n=498, 2.0%). The detail is shown in Figure 8.

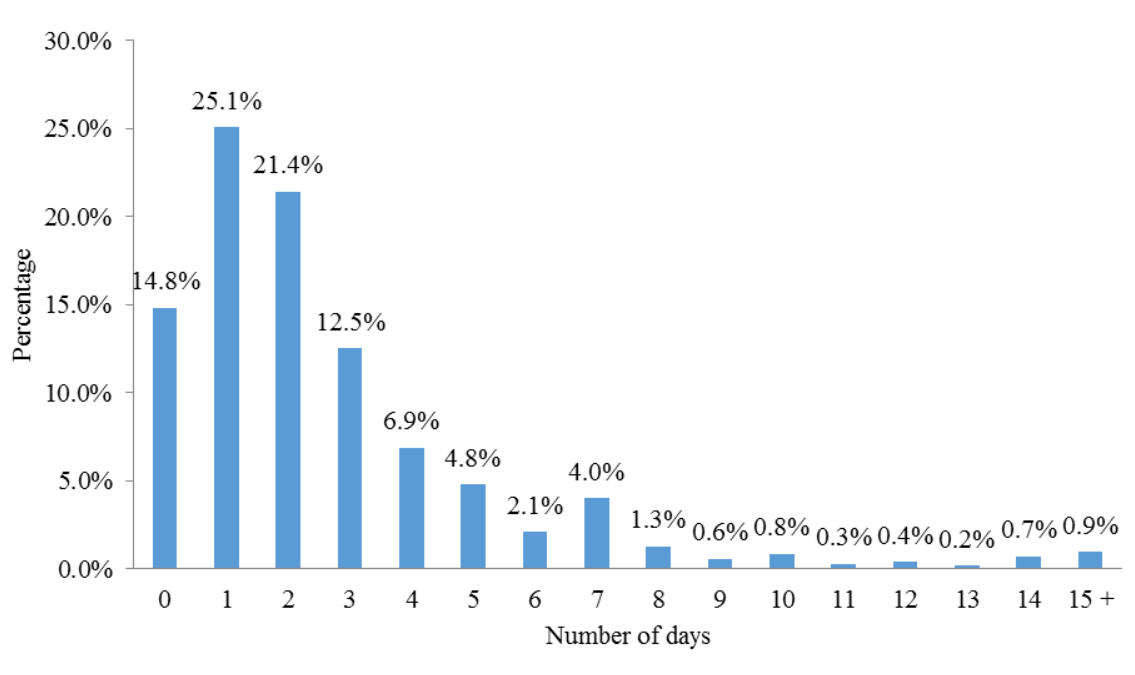


Figure 8 Number of days between wanting treatment and commencement of treatment

Body Site

General body site

Practitioners could report up to four general body sites where dysfunction occurred. Almost all patient records (99.6%) included at least one body site; 17.4% reported two body sites, 4.0% reported three body sites and 1.1% reported four body sites.

The most frequently reported general body site was the lower limb (32.6%) and the next most reported general body site was lumbar spine and pelvis (27.9%). Details of the proportions of the main body sites involved are shown in Figure 9.

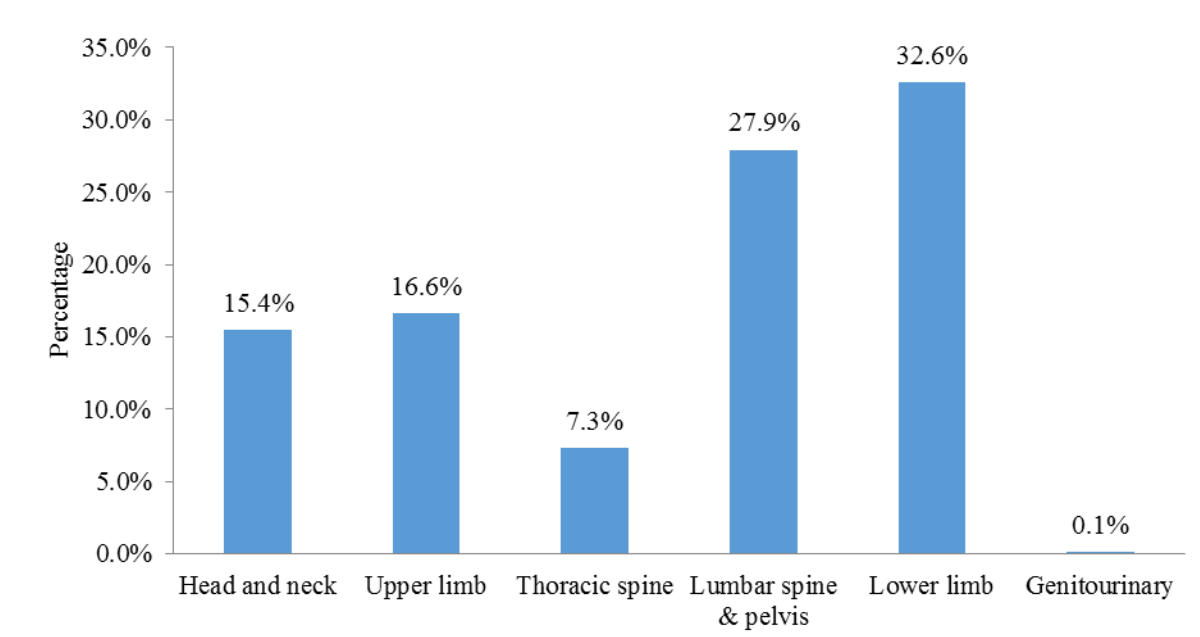


Figure 9 General body site

Specific body site

Practitioners could record specific body sites which demonstrated pathology and 81.2% of the patients had at least one specific body site recorded. Two sites were recorded for 12.1% of the patients; a third specific body site was recorded for 3.1% of the patients and 0.9% of the patients had four specific body sites recorded.

The most frequently reported specific body sites were the knee (14.3%), the lumbar spine (8.9%), and the shoulder (8.3%). Grouping related body sites for the spine highlighted the most frequently reported area was lumbar spine (+ referrals) for almost a quarter of all patients (23.8%). The details are shown in Table 8.

Table 8 Specific body site of the presenting symptoms

Specific body sites	All patients		Female patients		Male patients	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Occipital	82	0.3%	63	0.5%	19	0.2%
Temporal	22	0.1%	12	0.1%	10	0.1%
Parietal	0	0.0%	0	0.0%	0	0.0%
Maxillary	0	0.0%	0	0.0%	0	0.0%
Mandibular	10	0.0%	9	0.1%	1	0.0%
Occipito-frontal	52	0.2%	38	0.3%	14	0.1%
Temporo-mandibular	42	0.2%	35	0.3%	6	0.1%
Cervical spine	738	3.1%	409	3.2%	326	3.0%
Cervical spine + referral to shoulder	1543	6.4%	944	7.3%	591	5.4%
Cervical spine + referral to elbow	188	0.8%	122	0.9%	65	0.6%
Cervical spine + referral to wrist	107	0.4%	58	0.5%	49	0.4%
Cervical spine + referral to hand	466	1.9%	277	2.2%	188	1.7%
Cervical spine + referral to head and/or face	274	1.1%	177	1.4%	97	0.9%
Subtotal: Cervical spine and cervical + referrals	3316	13.9%	1987	15.4%	1316	12.0%
Shoulder girdle	438	1.8%	223	1.7%	215	2.0%
Shoulder	2003	8.4%	1012	7.9%	984	9.0%
Clavicle	74	0.3%	20	0.2%	54	0.5%
Scapula	166	0.7%	80	0.6%	85	0.8%
Upper arm	177	0.7%	100	0.8%	77	0.7%
Elbow	520	2.2%	220	1.7%	299	2.7%
Forearm	92	0.4%	43	0.3%	49	0.4%
Wrist	277	1.2%	156	1.2%	120	1.1%
Hand	216	0.9%	128	1.0%	88	0.8%
Upper thoracic	491	2.1%	285	2.2%	203	1.8%
Upper thoracic + referral to upper limb(s)	178	0.7%	98	0.8%	79	0.7%
Upper thoracic + referral to mid and lower thorax	280	1.2%	170	1.3%	109	1.0%
Mid thoracic	436	1.8%	260	2.0%	174	1.6%
Lower thoracic	178	0.7%	91	2.0%	174	0.8%
Subtotal: Thoracic spine and thoracic + referrals	1563	6.5%	904	7.0%	651	5.9%
Ribs	103	0.4%	46	0.4%	57	0.5%
Lumbar spine	2139	8.9%	1006	7.8%	1126	10.3%
Lumbar spine + referral to buttock	1418	5.9%	798	6.2%	617	5.6%
Lumbar spine + referral to mid thigh	540	2.3%	288	2.2%	251	2.3%
Lumbar spine + referral to knee	456	1.9%	258	2.0%	196	1.8%
Lumbar spine + referral to mid calf	378	1.6%	187	1.5%	189	1.7%
Lumbar spine + referral to heel	288	1.2%	140	1.1%	147	1.3%
Lumbar spine + referral to foot and toes	465	1.9%	242	1.9%	220	2.0%
Subtotal: Lumbar spine and lumbar + referrals	5684	23.8%	2919	22.7%	2746	25.0%
Sacroiliac/pelvis	824	3.4%	541	4.2%	280	2.6%
Groin Strain	70	0.3%	24	0.2%	46	0.4%
Hip	1294	5.4%	794	6.2%	495	4.5%
Thigh	535	2.2%	222	1.7%	313	2.9%
Lower leg	186	0.8%	92	0.7%	94	0.9%
Knee	3410	14.3%	1759	13.7%	1634	14.9%
Calf	635	2.7%	247	1.9%	386	3.5%
Anterior lower leg	119	0.5%	57	0.4%	61	0.6%
Ankle	1074	4.5%	559	4.3%	512	4.7%
Foot	918	3.8%	563	4.4%	352	3.2%
Rectal	1	0.0%	1	0.0%	0	0.0%
Penile	1	0.0%	0	0.0%	1	0.0%
Pelvic floor	13	0.1%	11	0.1%	2	0.0%
Anterior abdominal wall	10	0.0%	4	0.0%	6	0.1%

Treatment Details

Length of initial examination and/or treatment

Practitioners could record the length of the first examination/treatment session. This information was provided for 95.2% of patients. The most common length of time for the first treatment was one hour. The details are displayed in Figure 10.

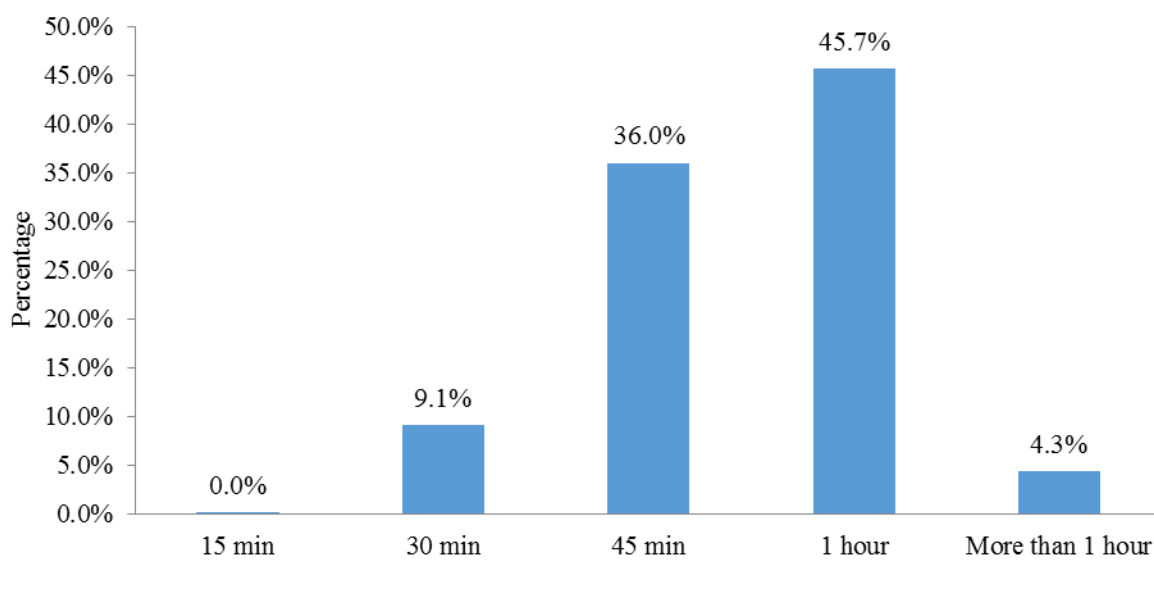


Figure 10 Length of initial examination and/or treatment

Treatment modalities

Practitioners recorded up to six treatment modalities from the list of 50 options for the first treatment and any changes in the treatment plan for up to four subsequent follow-up appointments. The treatment modalities were grouped into six general types ('education & advice,' 'electrotherapy,' 'exercise & training,' 'manual techniques' 'other' and 'patient information'). The general grouping of the modalities used on the initial treatment is shown in Figure 11. Please note the data shown in Figure 11 is expressed as a percentage of the total initial treatments provided to all patients.

Practitioners also reported the number of treatment modalities used in the initial treatment. Data in Table 9 shows that in the majority of initial sessions (90.3%) at used at least three or more treatment modalities in their initial treatment. This information was not reported for 0.6% of the data.

Table 9 Number of treatment modalities used in the initial session

Initial session	<i>n</i>	%
One treatment modality	485	2.0%
Two treatment modalities	1761	7.2%
Three treatment modalities	5262	21.4%
Four treatment modalities	7418	30.2%
Five treatment modalities	5645	23.0%
Six treatment modalities	3879	15.8%

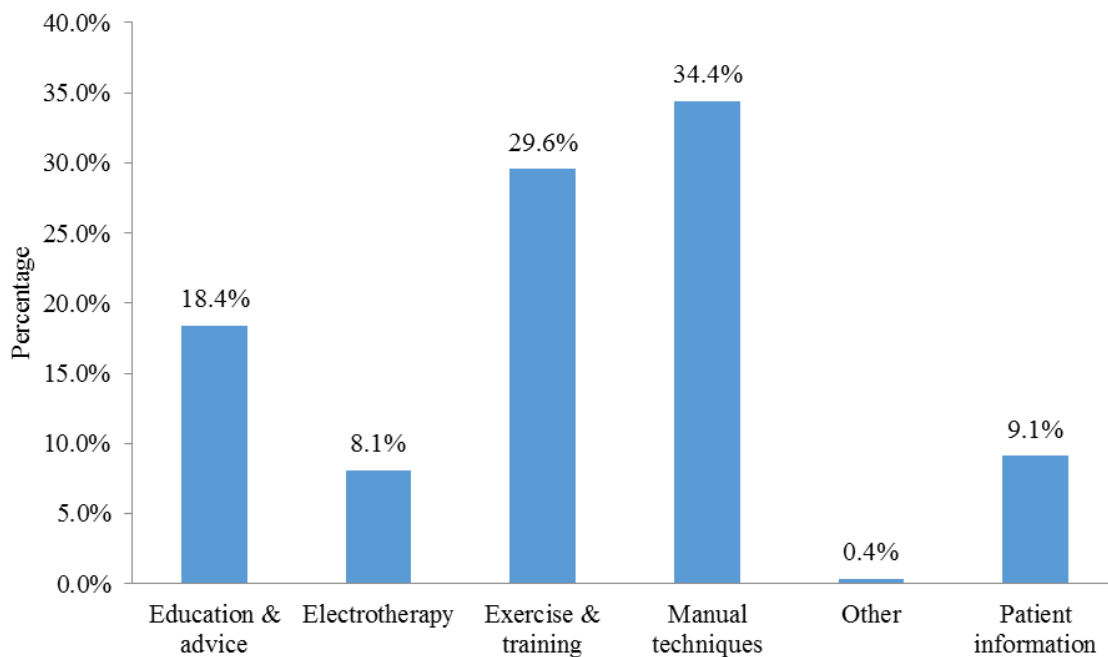


Figure 11 The initial treatment modalities

Practitioners could record any changes in treatment modality at subsequent treatment appointments. At least one change in treatment modality was reported for 25.5% of patients. Two changes in treatment modality were reported for 8.8%; three changes of treatment modality were reported for 2.3%; and four changes for 0.8% of patients.

The general grouping of modalities used in subsequent treatment appointments is shown in Figure 12. Please note the data shown in this figure is expressed as a percentage of the total treatments provided to all patients. The overall usage of each treatment modality is shown in Table 10.

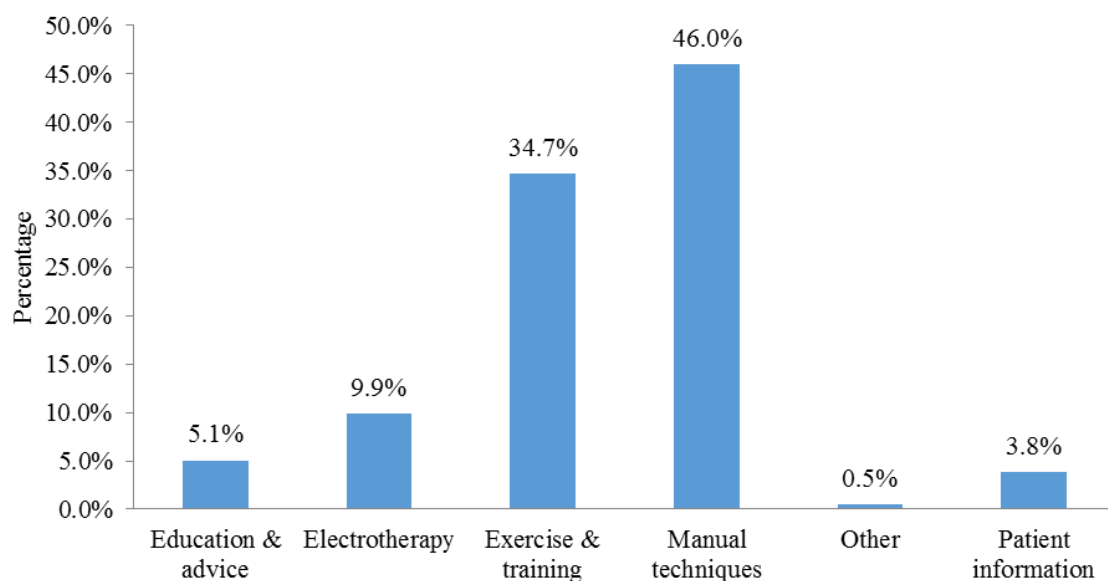


Figure 12 Treatment modalities used in subsequent appointments

Table 10 The overall usage of each treatment modality

Modality	<i>n</i>	%
EDUCATION & ADVICE		
Advice re self-management	12944	10.5%
Advice to carer	202	0.2%
Education	5077	4.1%
Education booklet / leaflet provided	590	0.5%
Ergonomic assessment	325	0.3%
Movement and handling assessment / advice	478	0.4%
EXERCISE & TRAINING		
Active exercises – mobilising	15688	12.7%
Active exercises – strengthening	11122	9.0%
Back rehabilitation class (behavioural modification)	80	0.1%
Back School	21	0.0%
Balance re-training	898	0.7%
Biofeedback	43	0.0%
Gait re-education	1238	1.0%
Hydrotherapy	60	0.0%
Muscle imbalance / stability training	3981	3.2%
Posture correction	4579	3.7%
MANUAL TECHNIQUES		
Acupuncture	2403	1.9%
Appliance fitting (e.g. cervical collar / lumbar support)	589	0.5%
Biofeedback	60	0.0%
Biomechanical assessment	1939	1.6%
Combined movements	492	0.4%
Cranio-sacral therapy	113	0.1%
Fascial release / visceral manipulation	1410	1.1%
Heat therapy	209	0.2%
Injection therapy	36	0.0%
Ice pack therapy	670	0.5%
Lymphatic drainage	48	0.0%
Manipulation	1328	1.1%
Massage (e.g. CT, friction, trigger point)	10308	8.3%
Mobilisation	13597	11.0%
Muscle energy techniques	1882	1.5%
Neuro-dynamics	722	0.6%
Reflexology	32	0.0%
Soft tissue stretching	5406	4.4%
Strapping	3013	2.4%
Traction	961	0.8%
ELECTROTHERAPY		
Combined US and IF	120	0.1%
Electrical stimulation	89	0.1%
Interferential	2066	1.7%
Laser	225	0.2%
Local heat	362	0.3%
Longwave US	80	0.1%
Pulse short wave	868	0.7%
Shockwave therapy	12	0.0%
TENS	132	0.1%
Ultrasound	6469	5.2%
PATIENT INFORMATION (<i>given in addition to verbal information</i>)		
Printed	5720	4.6%
Written	1848	1.5%
Email and/or text	836	0.7%
Video and/or photograph	1111	0.9%
OTHER	496	0.4%

Treatment provided by more than one physiotherapist

From April 2017 onwards practitioners were able to record if another physiotherapist had provided significant treatment to the patient during the course of treatment. This information was recorded for 34.1% (n=8397) of discharged datasets. Of the datasets with this information recorded, the responses reported are shown in Table 11.

Table 11 Treatment provided by more than one physiotherapist

	<i>n</i>	%
Yes (another physiotherapist provided significant input to treatment)	435	5.2%
No	7962	94.8%
<i>Total</i>	8397	100.0%

Factors influencing the outcome of treatment

Various factors may influence the outcome of treatment. The practitioners were offered a list of 27 possible factors for each patient and they could indicate up to four factors which affected the outcome of treatment.

The practitioners reported one or more possible influencing factors for 45.4% of patients. The number of factors reported per patient are provided in Table 12.

Of the factors reported, the most frequently occurring was 'Life-style influences' (27.3%).

Table 12 Number of possible factors influencing the outcome of treatment

Number of factors influencing the outcome of treatment recorded	<i>n</i>	%
One factor	8162	33.2%
Two factors	2294	9.3%
Three factors	586	2.4%
Four factors	115	0.5%
No other factors recorded or no response	13433	54.6%
<i>Total</i>	24590	100.0%

Table 13 Factors influencing the outcome of treatment

Factors influencing the outcome of treatment	<i>n</i>	%
Life-style influences, e.g. job, home circumstances, age, sport, etc.	4078	27.3%
Time since onset	1801	12.0%
Other medical conditions, e.g. cardiac.	1347	9.0%
Natural progression	1050	7.0%
Other	972	6.5%
Difficulty in attending for treatment	855	5.7%
Exacerbation of condition	812	5.4%
General state, e.g. compensation case, stress levels, level of	788	5.3%
Re-referred to consultant or GP	510	3.4%
Patient unable to attend first appointment offered	499	3.3%
Other medical intervention, e.g. drugs, injection, osteopath,	448	3.0%
Inability to pay for treatment	402	2.7%
Lack of patient adherence	286	1.9%
Lack of treatment	237	1.6%
Patient unwilling or unable to attend for treatment	228	1.5%
Patient moved from the area	173	1.2%
Change in therapist	105	0.7%
Pain free at first visit	92	0.6%
Transport difficulties	79	0.5%
Difficulty with childcare	78	0.5%
Inappropriate referral	63	0.4%
Access to treatment area difficulties	28	0.2%
Language difficulties	22	0.1%
Therapist sickness	11	0.1%
Parking difficulties	1	0.0%
Deceased	0	0.0%

Discharge Information

Goal achievement at discharge

Practitioners could record the goal achievement at discharge. This data was completed by practitioners for 97.3% of patients and the detail is shown in Figure 13. The majority of patients (77.2%) achieved their goals (exceeded, fully or significantly). Only 4.3% of patients did not achieve their goals.

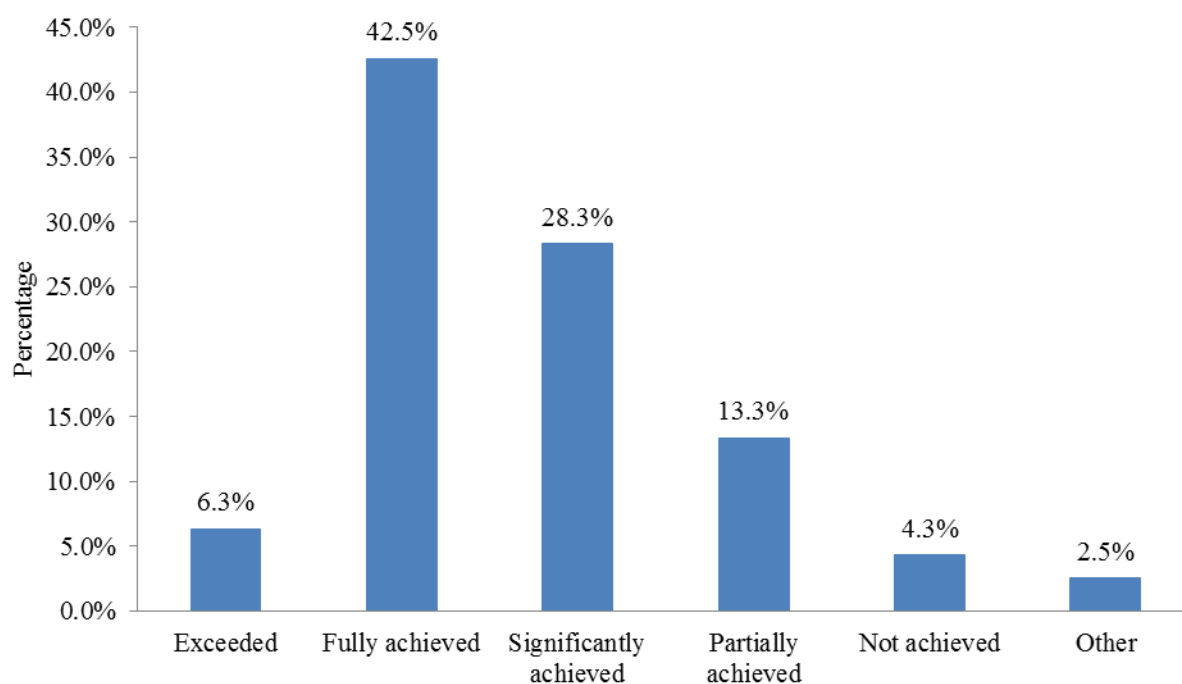


Figure 13 Goal achievement at discharge

Functional, physical and subjective outcomes at discharge

Practitioners were asked, in conjunction with the patient, to complete a score from 1 to 10 for the final assessment on discharge of functional, physical and subjective (FPS) outcomes. This could not be completed if there was only one visit or if the patient had been referred back to the GP or consultant. The mean FPS outcome score on discharge was 2.6 (SD = 1.6). The detail is shown in Figure 14. This information was not reported for 4.5% of the patients.

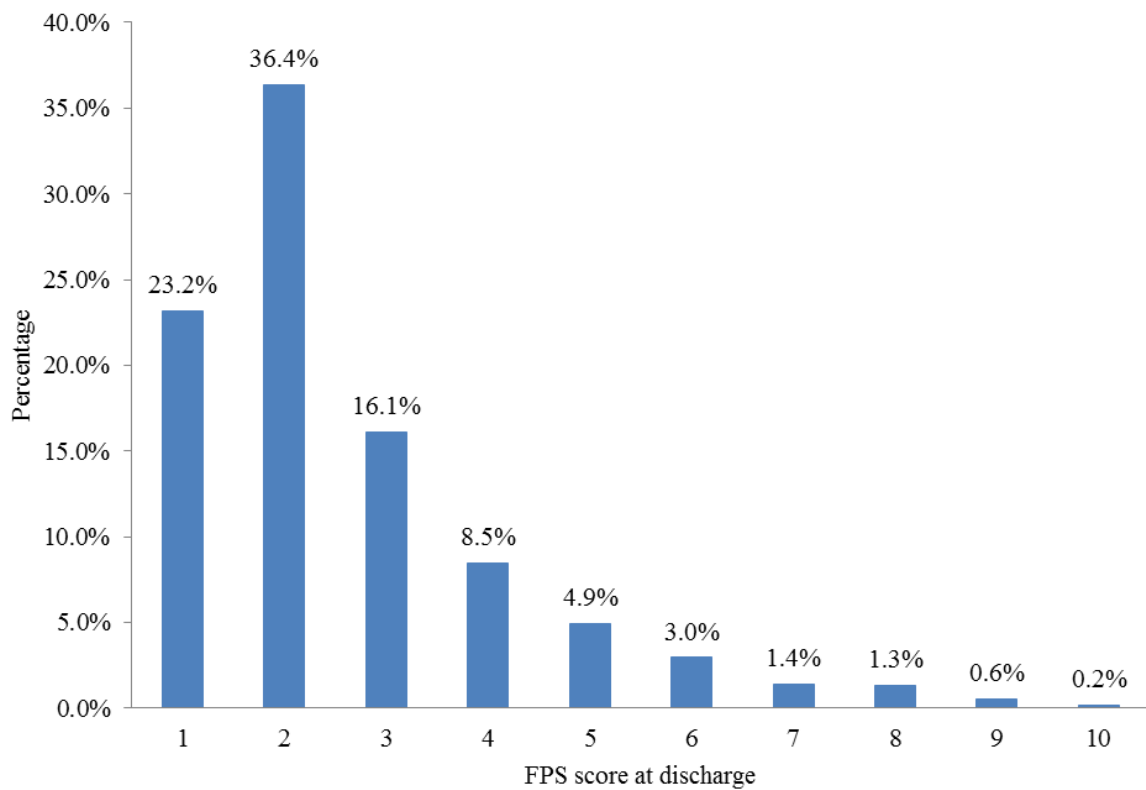


Figure 14 Functional, physical and subjective (FPS) score at discharge

Figure 15 displays a visual comparison between the initial FPS score and the final FPS score. The mean score at the initial visit was 5.6 (SD 1.8) and on discharge was 2.6 (SD 1.6).

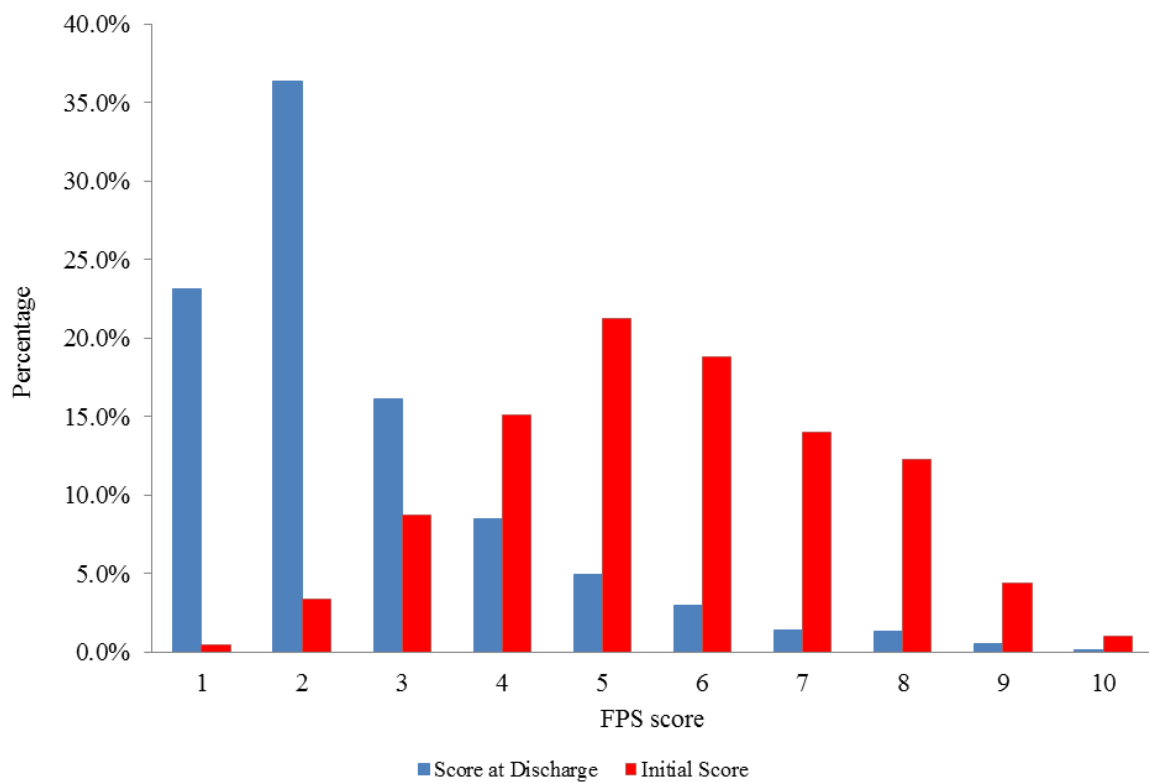


Figure 15 A visual comparison of the FPS scores (initial vs final scores)

Outcome of referral

Practitioners were offered a list of 18 possible outcomes of the referral and were asked to select one. The most frequently reported outcome was “Regular discharge & SOS” and “Treatment completed. Regular discharge”. The outcomes are displayed in Table 14.

Table 14 Outcome of referral

Outcome of referral	<i>n</i>	%
Regular discharge & SOS (return if not completely better)	7586	30.8%
Treatment completed. Regular discharge.	7455	30.3%
Referred to GP/Consultant	2110	8.6%
Assessment completed. Advice re self-care given	1816	7.4%
Treatment interrupted (unable to attend – practice informed)	1346	5.5%
Patient self-discharged	1067	4.3%
Condition optimised: regular maintenance needed	628	2.6%
Treatment interrupted (failed to attend – practice not informed)	529	2.2%
Maintenance type patient	522	2.1%
Transferred to another practice	317	1.3%
Patient discharged early due to limited number of treatments funded by insurer	305	1.2%
Other	235	1.0%
Assessment completed no physiotherapy required	135	0.5%
Physiotherapy not effective	73	0.3%
Patient non-compliant	49	0.2%
Treatment not commenced (did not attend -practice not informed)	45	0.2%
Treatment not commenced (practice informed)	30	0.1%
Inappropriate referral	28	0.1%
No response	314	1.3%
<i>Total</i>	<i>24590</i>	<i>100.0%</i>

Number of treatments

The number of treatments for the presenting condition was recorded. The range of number of treatments was between 1 and 10. The mean number of treatments was 3.4 (SD = 2.3). The majority of patients (90.0%) had 6 or fewer treatments; 75.0% had 4 or fewer treatments. The details are shown in Figure 16. This information was not reported for 1.5% of the data.

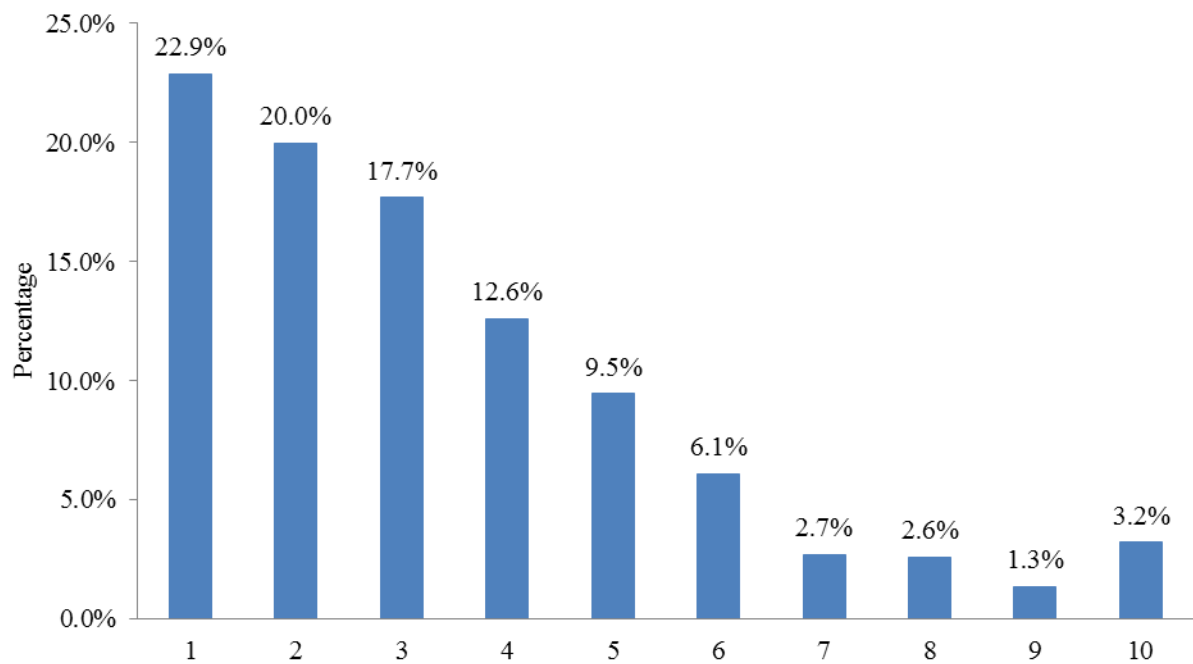


Figure 16 Number of treatment sessions

Average length of treatment session

Practitioners recorded the average length of the treatment session (including time for record keeping) shown in Table 15. The most frequently reported time was 30 minutes.

Table 15 Average length of treatment session

Length of treatment session	<i>n</i>	%
15 min	77	0.3%
30 min	11172	45.4%
45 min	8548	34.8%
1 hour	4030	16.4%
More than 1 hour	362	1.5%
No response	401	1.6%
<i>Total</i>	<i>24590</i>	<i>100.0%</i>

Average length of administration time per patient

Practitioners could record the length of time taken completing administration tasks for each patient as shown in Table 16. The most frequently reported time was <10 minutes.

Table 16 Average length of administration time

Length of administration time	<i>n</i>	%
Less than 10 minutes	20765	84.4%
10 - 30 minutes	3295	13.4%
More than 30 minutes	186	0.8%
No response	344	1.4%
<i>Total</i>	<i>24590</i>	<i>100.0%</i>

Patient status on returning to work

Only a small number of patients (1.1%) were unable to return to work following treatment, or returned to work on restricted duties (3.7%). For 39.4% of patients this question was not relevant as the practitioners reported the patient status as ‘not applicable’, ‘unemployed’ or ‘retired’ as shown in Table 17.

Table 17 Patient work status following treatment

Work status	<i>n</i>	%
Returned to work full time	13233	53.8%
Returned to work on restricted duties	898	3.7%
Unable to return to work	279	1.1%
Retired	4446	18.1%
Unemployed	131	0.5%
Not applicable	5121	20.8%
No response	482	2.0%
<i>Total</i>	<i>24590</i>	<i>100.0%</i>