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

National report (no. 22) for data collected between 17.11.14 and 1.9.20

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Report prepared September 2020

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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 September 2020.

Profile of practitioners

A total of 1,038 practitioners have registered to access the online DfI system since the launch of the project. The majority of practitioners recruited were based within the south east of England (25%). However, every part of the UK was represented in the study as can be observed in Figure 1.

Key:	
EE	= East of England
EM	= East Midlands
NE	= North East
NI	= Northern Ireland
NW	= North West
SE	= South East
SW	= South West
WM	= West Midlands
YH	= Yorkshire & Humber
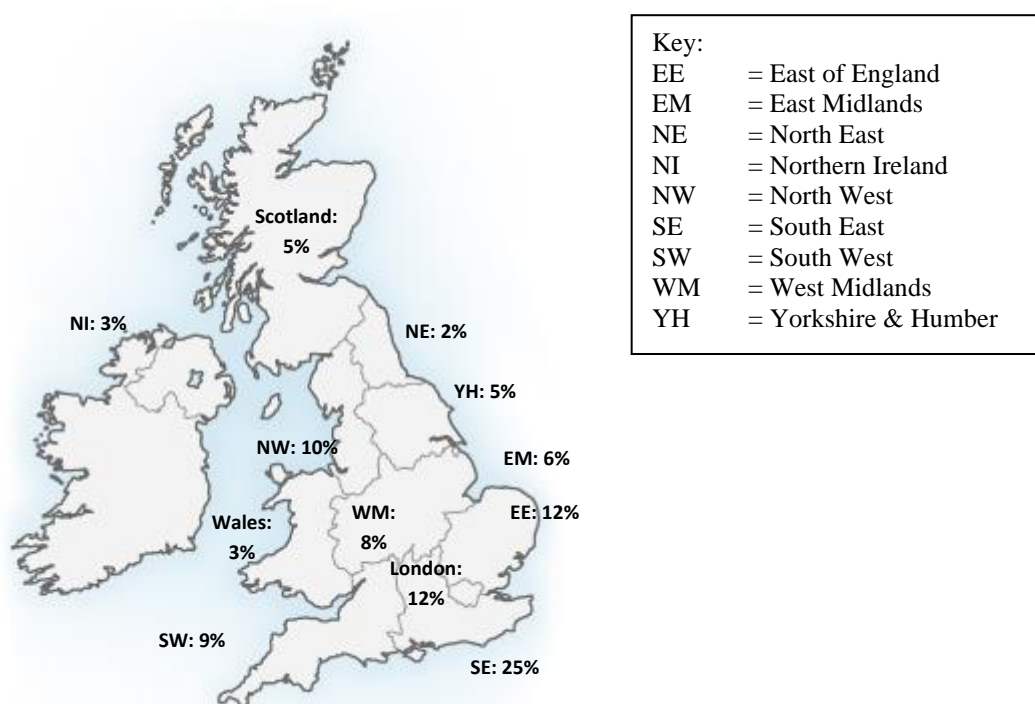
Figure 1 Participating practitioners by region

As of this latest download (1ˢᵗ September 2020) there are currently 811 practitioners registered for the project. Some practitioners have withdrawn (due to retirement, or change in health, family or work circumstances) or have been withdrawn (due to loss of contact or lapsed membership) since the launch of the project (see Table 1 for details).

Table 1 Practitioner details (including data input)

	n	%
Practitioners who have input some patient data using the online system	602	58.0
Practitioners who have not yet input any patient data onto the system since registering	209	20.0
Practitioners withdrawn from the study	227	22.0
Total	*1038*	*100*

Number of patient data sets received

A total of 71,820 patient data sets have been entered onto the online data collection system since the launch of the online system. Of these data sets, 65,053 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 38 (interquartile range, IQR: 1-102). This number varied per practitioner from 1 to 2,871 data sets. A breakdown of the total number of discharged datasets received per practitioner can be seen in Figure 2.
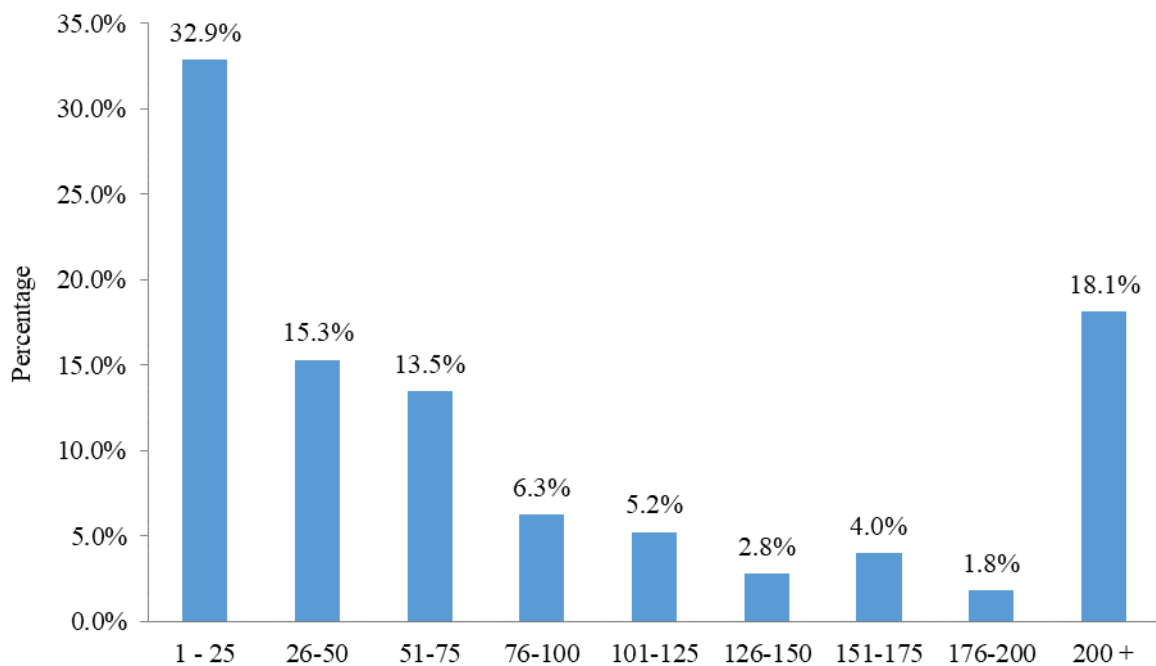
Figure 2 The total number of discharged data sets received per practitioner

Patient Details

Gender

The gender distribution of the patients was 52.6% female and 47.1% male. This detail was not reported in 0.3% (n=190) of the patients. In the UK national adult population figures are slightly different: 50.7% female, 49.3% male (National Statistics Office: Annual mid-year population 2017).

Age range of patients treated

The age range of patients treated was from 1 years to 102 years. Figure 3 shows the breakdown of patients by age groups. The mean age of all patients was 51.3±17.8 years.
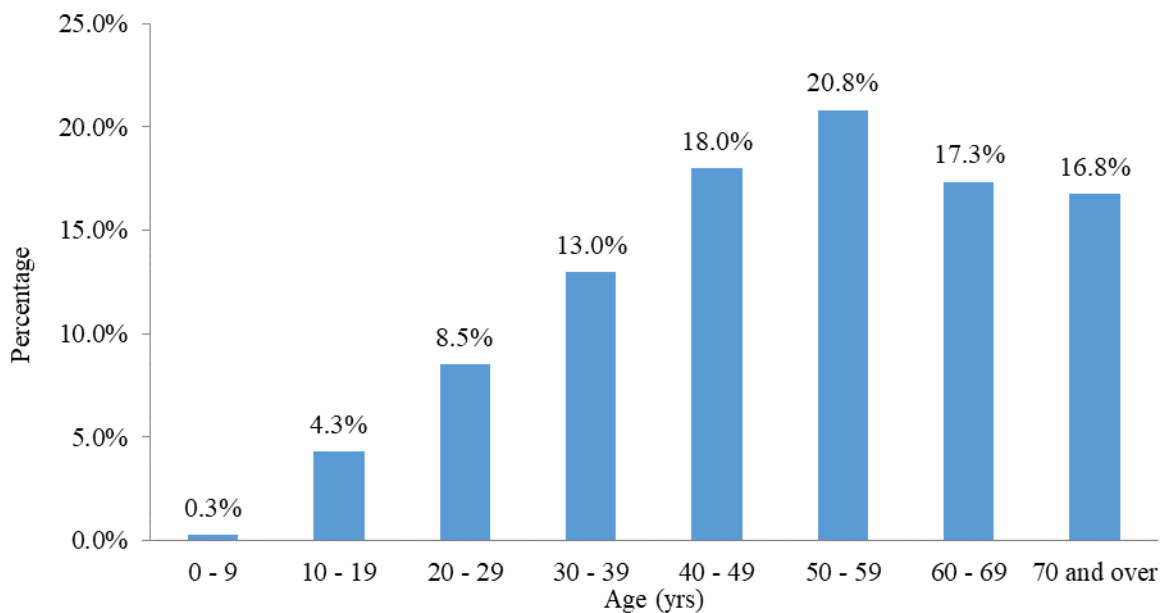
Figure 3 Age distribution of patients

Occupation

The largest group of occupation reported was 'retired' and this represented 25.3% of the patients. Of the male patients 21.4% were retired compared with 28.7% of the females. All occupations are listed in Table 2.

Table 2 Patient occupations

Occupation	All patients		Female patients		Male patients	
	n	%	*n*	%	*n*	%
Retired	16434	25.3%	9818	28.7%	6557	21.4%
Professional	12715	19.5%	5681	16.6%	6999	22.8%
Managers	6051	9.3%	2053	6.0%	3982	13.0%
Associate professional	5922	9.1%	3020	8.8%	2893	9.4%
Administrative	5063	7.8%	4255	12.4%	796	2.6%
Skilled trade	3449	5.3%	653	1.9%	2783	9.1%
Housewife/husband	2406	3.7%	2296	6.7%	105	0.3%
Student	2045	3.1%	1014	3.0%	1020	3.3%
School	1813	2.8%	931	2.7%	875	2.9%
Sales and customer service	2165	3.3%	1156	3.4%	1007	3.3%
Personal service	2228	3.4%	1690	4.9%	532	1.7%
Elementary	2159	3.3%	882	2.6%	1272	4.1%
Plant operator	1408	2.2%	116	0.3%	1290	4.2%
Professional sportsperson	263	0.4%	94	0.3%	168	0.5%
Unemployed	367	0.6%	210	0.6%	155	0.5%
Long-term sickness	149	0.2%	101	0.3%	48	0.2%
Prisoner	0	0.0%	0	0.0%	0	0.0%
No response	416	0.6%	224	0.7%	183	0.6%
Total	65053	100.0%	34194	100.0%	30665	100.0%

One hundred and ninety records had no report of gender

Patients off work due to their presenting symptom

A small number of patients (*n*=3,292, 5.1%) 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

	For all patients		For those who responded "no" to being able to work with their present problem	
Length of time off work	*n*	%	n	%
Up to 1 week	1776	2.7%	1086	33.0%
Up to 2 weeks	964	1.5%	580	17.6%
Up to 3 weeks	462	0.7%	296	9.0%
Up to 4 weeks	404	0.6%	249	7.6%
1 to 2 months	553	0.9%	332	10.1%
3 to 6 months	334	0.5%	183	5.6%
6 to 12 months	133	0.2%	63	1.9%
More than 1 year	247	0.4%	75	2.3%
No response	60180	92.5%	428	13.0%
Total	65053	100.0%	3292	100.0%

Diagnosis

Duration of symptoms

The largest group of patients had experienced their symptoms for 1-2 weeks (18.6%), followed closely by 3-4 weeks (16.7%). A notable sized group (15.0%) 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.
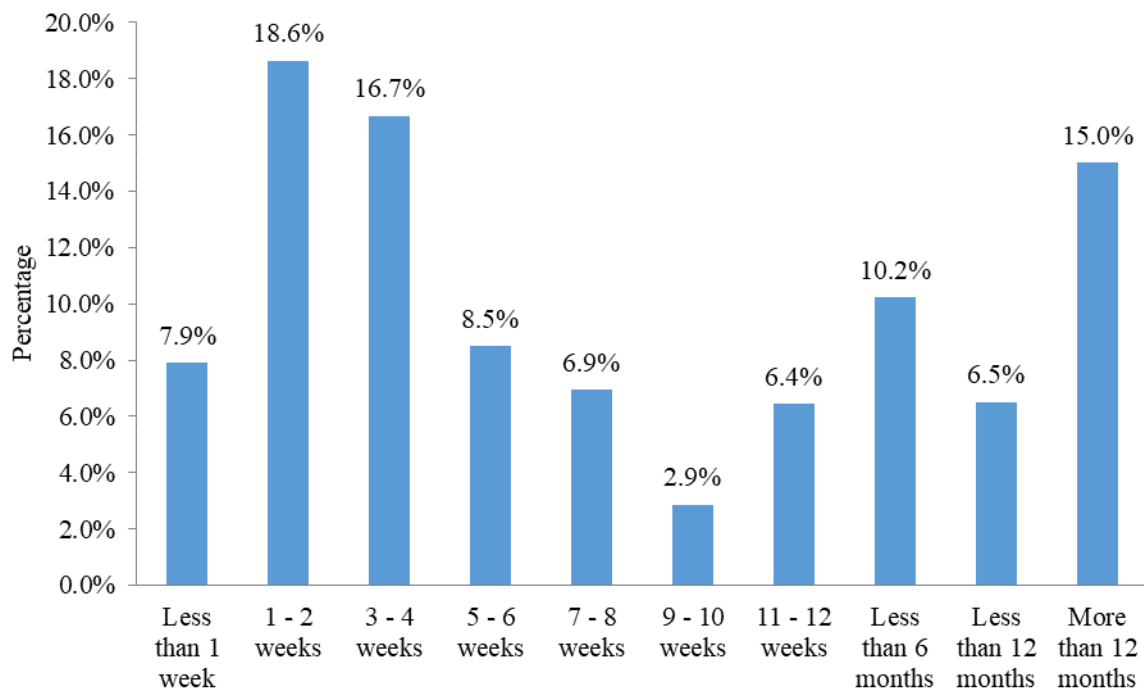
Figure 4 Duration of symptoms

Previous episodes

Practitioners could record the number of previous episodes of the presenting condition a patient had experienced. Over half the patients (58.3%) had not experienced a previous episode, whilst 20.0% 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.
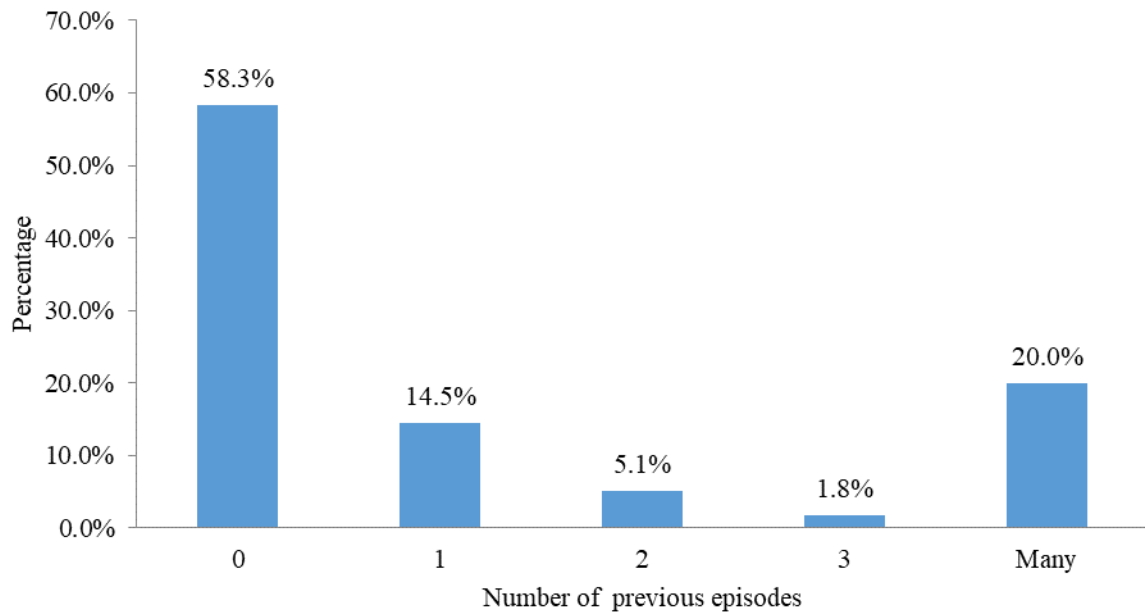
Figure 5 Number of previous episodes of the presenting symptoms

Cause of onset

Practitioners could choose between six different types of onset. The most frequently reported cause was spontaneous (37.1%). This information was not reported for 0.4% of the data. The detail is displayed in Figure 6.
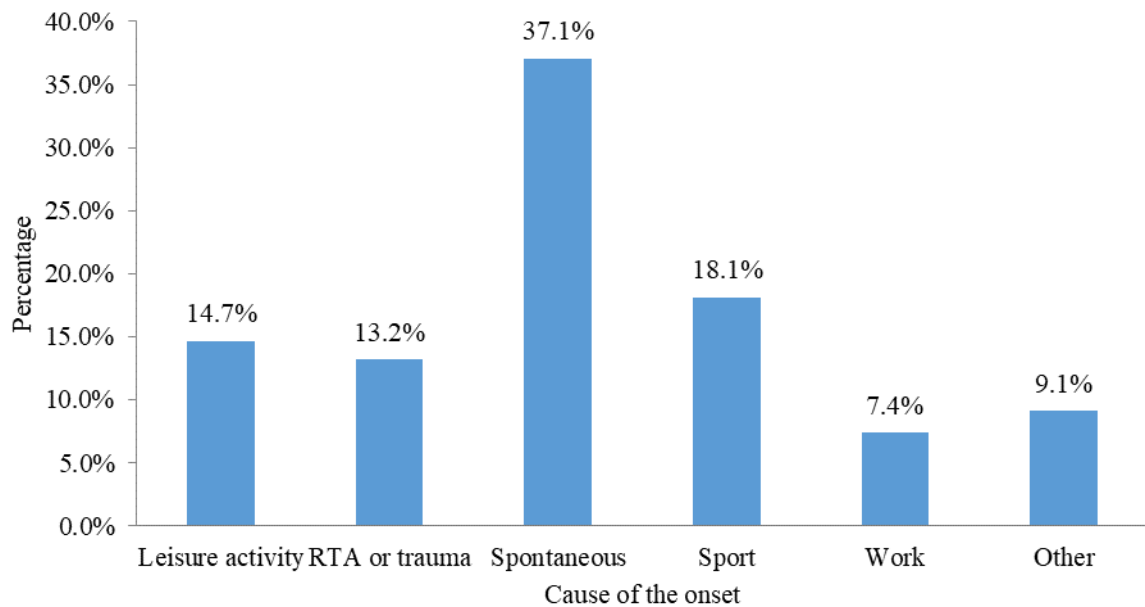
Figure 6 Cause of the onset of presenting symptom

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 27 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 (17.1%) and non-specific low back pain (9.3%). This information was not reported for 0.6% of the data.

Table 4 The 27 most frequently reported specific physiotherapy diagnoses

Specific physiotherapeutic diagnosis	*n*	%
Joint dysfunction/pain	11098	17.1%
Non-specific low back pain (acute / chronic)	6025	9.3%
Muscular tenderness/dysfunction	4625	7.1%
Tendinopathy	3829	5.9%
Soft tissue injury	3181	4.9%
Osteoarthritis	2871	4.4%
Nerve impingement	2289	3.5%
Disc lesion with neural impingement	2243	3.4%
Ligamentous injury	2127	3.3%
Post-op symptoms	1975	3.0%
Whiplash	1814	2.8%
Multiple tissue injury (bone, joint & soft tissue)	1717	2.6%
Spondylosis / arthrosis	1695	2.6%
Rotator cuff	1586	2.4%
Muscle imbalance	1447	2.2%
Other	1382	2.1%
Disc lesion	1306	2.0%
Anterior knee pain	1292	2.0%
Joint injury	1210	1.9%
Bony injury, e.g. fracture	1195	1.8%
Impingement syndrome	1143	1.8%
Repetitive strain injury / overuse injury	1125	1.7%
Meniscal tear / cartilage / labrum	1045	1.6%
Capsulitis	781	1.2%
Tennis elbow	685	1.1%
Bursitis	653	1.0%
Joint instability	627	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 5.7±1.8. Figure 7 displays the detail. This information was not reported for 0.5% of the data.

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

Referral Information

Referral Source

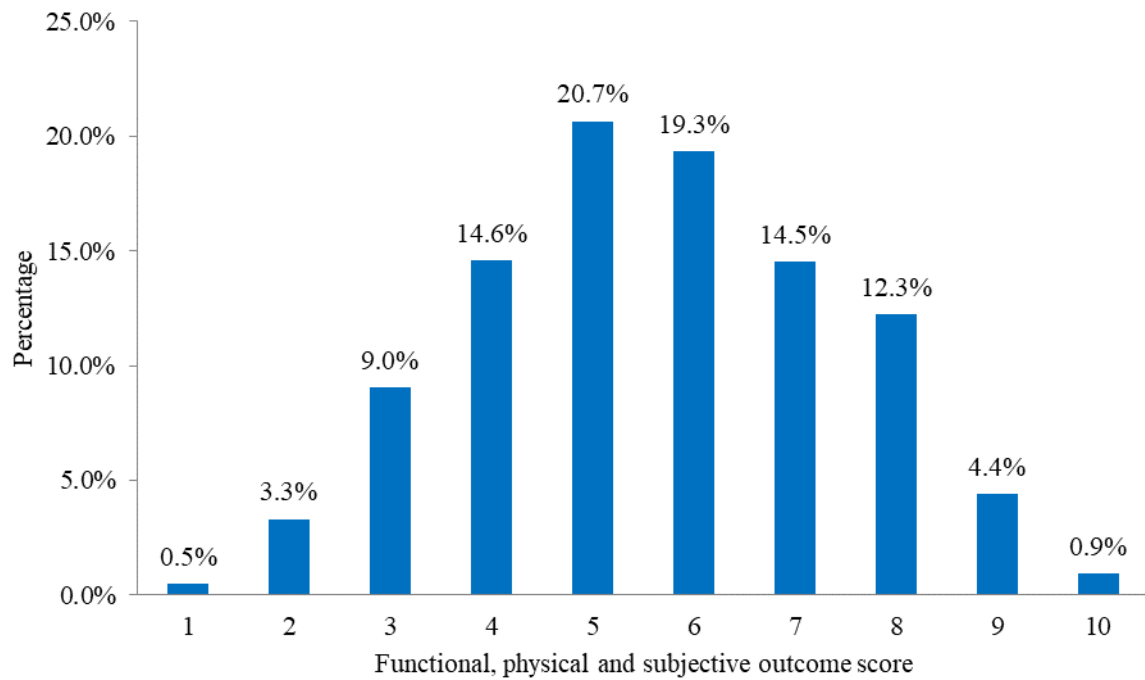The largest source of referral was 'self-referral' (74.5%). The detail is shown in Table 5. More females than males were referred by their GP (6.2% females compared with 5.1% males).

Table 5 Referral source

Source of referral	All patients		Female patients		Male patients	
	n	%	*n*	%	*n*	%
Self-referral	48438	74.5%	25750	75.3%	22552	73.5%
GP	3693	5.7%	2118	6.2%	1563	5.1%
Medical consultant	3449	5.3%	1835	5.4%	1601	5.2%
Intermediary	2674	4.1%	1295	3.8%	1370	4.5%
Other healthcare service	1012	1.6%	513	1.5%	496	1.6%
Private medical insurer	2973	4.6%	1403	4.1%	1563	5.1%
Company	1818	2.8%	752	2.2%	1058	3.4%
Other physiotherapy service	326	0.5%	193	0.6%	132	0.4%
Solicitor	329	0.5%	161	0.5%	168	0.5%
No response	341	0.5%	175	0.5%	165	0.5%
Total	65053	100.0%	34195	100.0%	30668	100.0%

One hundred and ninety records had no report of gender

Payment responsibility

The majority of patients paid for their own treatment (72.2%) and insurance companies paid for less than a fifth of the treatments (19.5%). The details are displayed in Table 6.

More females (74.7%) paid for their treatment compared to males (69.5%). A higher percentage of males received treatment paid for by their employers compared with females (2.6% versus 1.7%) and a slightly higher percentage of males received treatment paid through insurance companies compared with females (21.5% for males compared with 17.7% females).

Table 6 Payment responsibility

Payment responsibility	All patients		Female patients		Male patients	
	n	%	*n*	%	*n*	%
Self	46971	72.2%	25531	74.7%	21317	69.5%
Insurance company	12700	19.5%	6053	17.7%	6602	21.5%
Intermediary	1779	2.7%	880	2.6%	894	2.9%
Combination of self and insurance	1177	1.8%	624	1.8%	548	1.8%
Employer	1366	2.1%	568	1.7%	793	2.6%
NHS	283	0.4%	163	0.5%	118	0.4%
Sporting association	130	0.2%	32	0.1%	94	0.3%
Solicitor	241	0.4%	127	0.4%	114	0.4%
No response	406	0.6%	217	0.6%	188	0.6%
Total	65053	100.0%	34195	100.0%	30668	100.0%

One hundred and ninety 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	n	%
Returner	23506	36.1%
Word of mouth	20126	30.9%
Referred to practice	9211	14.2%
Local knowledge	3845	5.9%
Advertising	4787	7.4%
Insurance company	2957	4.5%
Articles	57	0.1%
No response	564	0.9%
Total	65053	100.0%

Time between wanting treatment and commencement of treatment

More than half the patients (63.6%) commenced their treatment within 2 days of requesting an appointment, and almost all (90.3%) were treated within one week of requesting treatment. This information was not reported for 1.1% of the data (the detail is shown in Figure 8). 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=2,765, 4.3%).
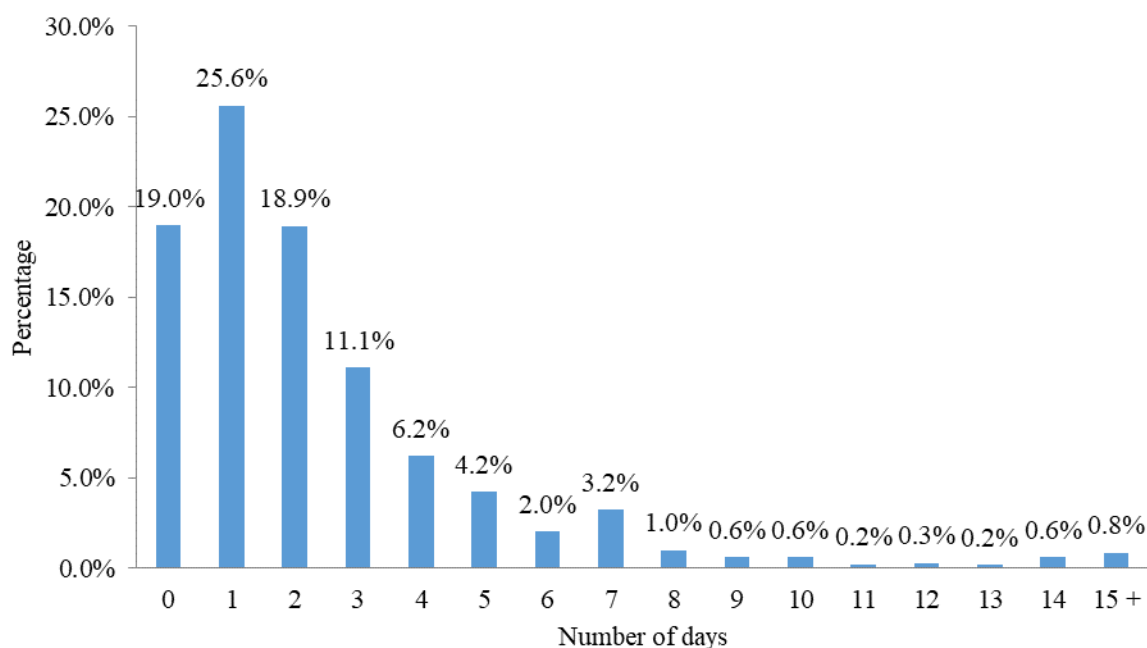
Figure 8 Number of days between wanting treatment and commencement of treatment

Body Site

General body site

Practitioners could report up to four general body sites where dysfunction occurred. Almost all patient records (99.5%) included at least one body site; 18.4% reported two body sites, 4.3% reported three body sites and 1.1% reported four body sites.

The most frequently reported general body site was the lower limb (32.1%) and the next most reported general body site was lumbar spine and pelvis (27.8%). Details of the proportions of the main body sites involved are shown in Figure 9.
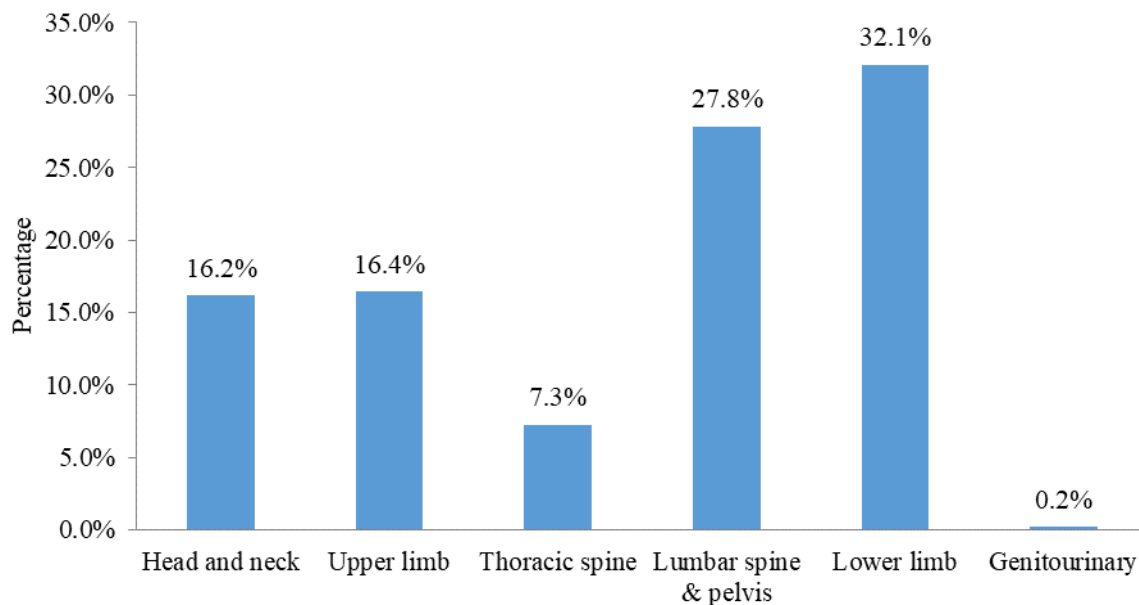
Figure 9 General body site

Specific body site

Practitioners could record specific body sites which demonstrated pathology and 88.1% of the patients had at least one specific body site recorded. Two sites were recorded for 15.5% of the patients; a third specific body site was recorded for 3.9% of the patients and 1.0% of the patients had four specific body sites recorded.

The most frequently reported specific body sites were the knee (13.5%), the lumbar spine (9.4%), and the shoulder (8.4%). Grouping related body sites for the spine highlighted the most frequently reported area was lumbar spine (+ referrals) for almost a quarter of all patients (24.1%). 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	
	n	*%*	*n*	*%*	*n*	*%*
Occipital	340	0.5%	240	0.6%	100	0.3%
Temporal	129	0.2%	87	0.2%	42	0.1%
Parietal	0	0.0%	0	0.0%	0	0.0%
Maxillary	0	0.0%	0	0.0%	0	0.0%
Mandibular	36	0.1%	26	0.1%	10	0.0%
Occipito-frontal	217	0.3%	155	0.4%	62	0.2%
Temporo-mandibular	145	0.2%	106	0.3%	38	0.1%
Cervical spine	2844	4.0%	1597	4.2%	1235	3.8%
Cervical spine + referral to shoulder	4545	6.5%	2758	7.3%	1773	5.5%
Cervical spine + referral to elbow	612	0.9%	368	1.0%	241	0.7%
Cervical spine + referral to wrist	327	0.5%	207	0.5%	119	0.4%
Cervical spine + referral to hand	1323	1.9%	772	2.0%	549	1.7%
Cervical spine + referral to head and/or face	653	0.9%	427	1.1%	226	0.7%
Subtotal: cervical spine and cervical+ referrals	*10304*	*14.7%*	*6129*	*16.2%*	*4143*	*12.8%*
Shoulder girdle	1327	1.9%	650	1.7%	675	2.1%
Shoulder	5899	8.4%	2944	7.8%	2939	9.1%
Clavicle	198	0.3%	72	0.2%	125	0.4%
Scapula	412	0.6%	201	0.5%	210	0.6%
Upper arm	508	0.7%	299	0.8%	209	0.6%
Elbow	1436	2.0%	590	1.6%	843	2.6%
Forearm	317	0.5%	165	0.4%	152	0.5%
Wrist	817	1.2%	489	1.3%	327	1.0%
Hand	665	0.9%	371	1.0%	292	0.9%
Upper thoracic	1514	2.2%	858	2.3%	650	2.0%
Upper thoracic + referral to upper limb(s)	543	0.8%	320	0.8%	221	0.7%
Upper thoracic + referral to mid and lower thorax	715	1.0%	440	1.2%	273	0.8%
Mid thoracic	1349	1.9%	766	2.0%	579	1.8%
Lower thoracic	570	0.8%	295	0.8%	275	0.8%
Subtotal: Thoracic spine + referrals	*4691*	*6.7%*	*2679*	*7.1%*	*1998*	*6.2%*
Ribs	320	0.5%	150	0.4%	170	0.5%
Lumbar spine	6672	9.5%	3141	8.3%	3514	10.8%
Lumbar spine + referral to buttock	3966	5.6%	2259	6.0%	1698	5.2%
Lumbar spine + referral to mid thigh	1572	2.2%	848	2.2%	721	2.2%
Lumbar spine + referral to knee	1370	1.9%	732	1.9%	634	2.0%
Lumbar spine + referral to mid calf	1104	1.6%	559	1.5%	542	1.7%
Lumbar spine + referral to heel	866	1.2%	466	1.2%	398	1.2%
Lumbar spine + referral to foot and toes	1403	2.0%	764	2.0%	635	2.0%
Subtotal: Lumbar spine & lumbar + referrals	*16953*	*24.1%*	*8769*	*23.2%*	*8142*	*25.1%*
Sacroiliac/pelvis	2185	3.1%	1465	3.9%	716	2.2%
Groin Strain	112	0.2%	42	0.1%	70	0.2%
Hip	3864	5.5%	2392	6.3%	1459	4.5%
Thigh	1603	2.3%	658	1.7%	945	2.9%
Lower leg	566	0.8%	268	0.7%	298	0.9%
Knee	9506	13.5%	4832	12.8%	4645	14.3%
Calf	1746	2.5%	641	1.7%	1100	3.4%
Anterior lower leg	342	0.5%	154	0.4%	187	0.6%
Ankle	3226	4.6%	1710	4.5%	1504	4.6%
Foot	2309	3.3%	1357	3.6%	945	2.9%
Pelvic floor	2	0.0%	2	0.0%	0	0.0%
Anterior abdominal wall	95	0.1%	78	0.2%	17	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 95.1% of patients. The most common length of time for the first treatment was one hour. The details are displayed in Figure 10.
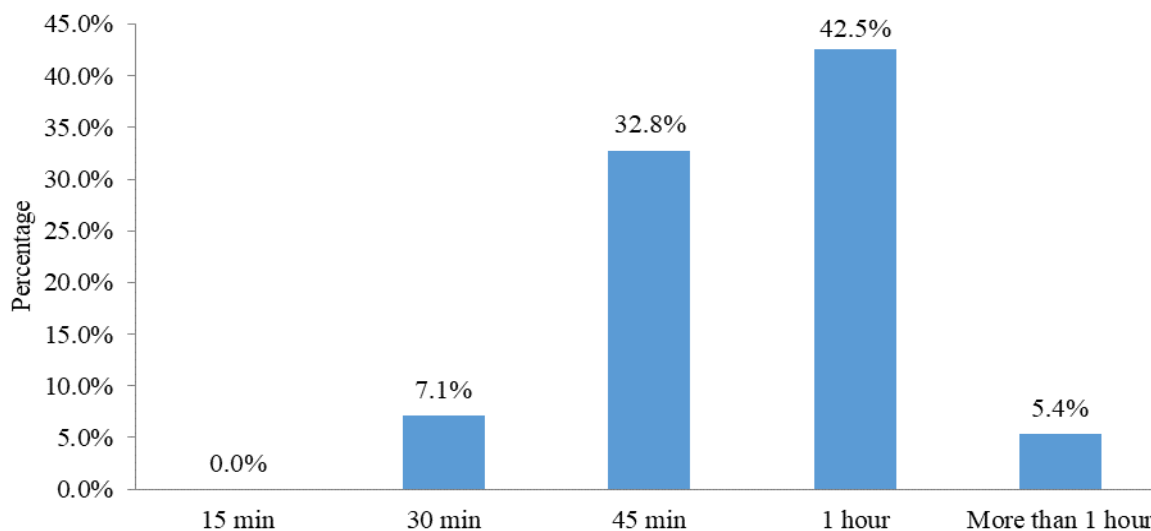

Figure 10 Length of initial examination and/or treatment

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 patients receiving the treatment modality.

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 (89.4%) used at least three or more treatment modalities in their initial treatment. This information was not reported for 0.7% of the data.

Table 9 Number of treatment modalities used in the initial session

Initial session	*n*	%
One treatment modality	1450	2.2%
Two treatment modalities	5026	7.7%
Three treatment modalities	13644	21.0%
Four treatment modalities	18444	28.4%
Five treatment modalities	14468	22.2%
Six treatment modalities	11597	17.8%
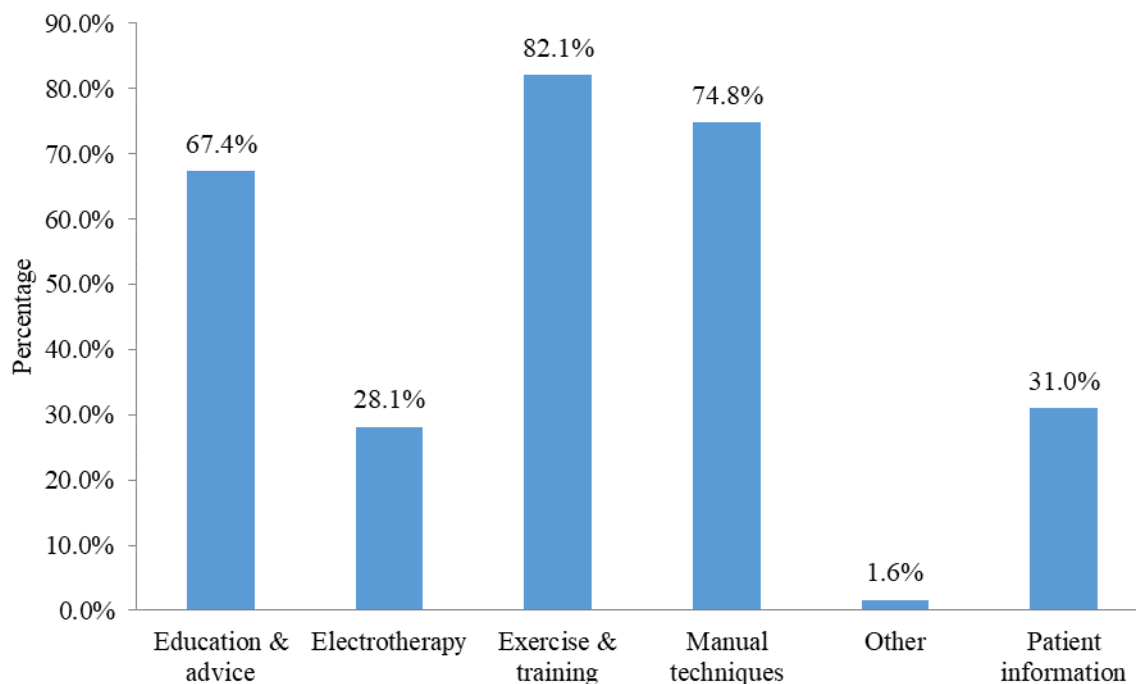
Figure 11 Initial treatment modalities provided to patients

Practitioners could record any changes in treatment modality at subsequent treatment appointments. At least one change in treatment modality was reported for 27.2% of patients. Two changes in treatment modality were reported for 9.0%; three changes of treatment modality were reported for 2.4%; and four changes for 0.7% 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

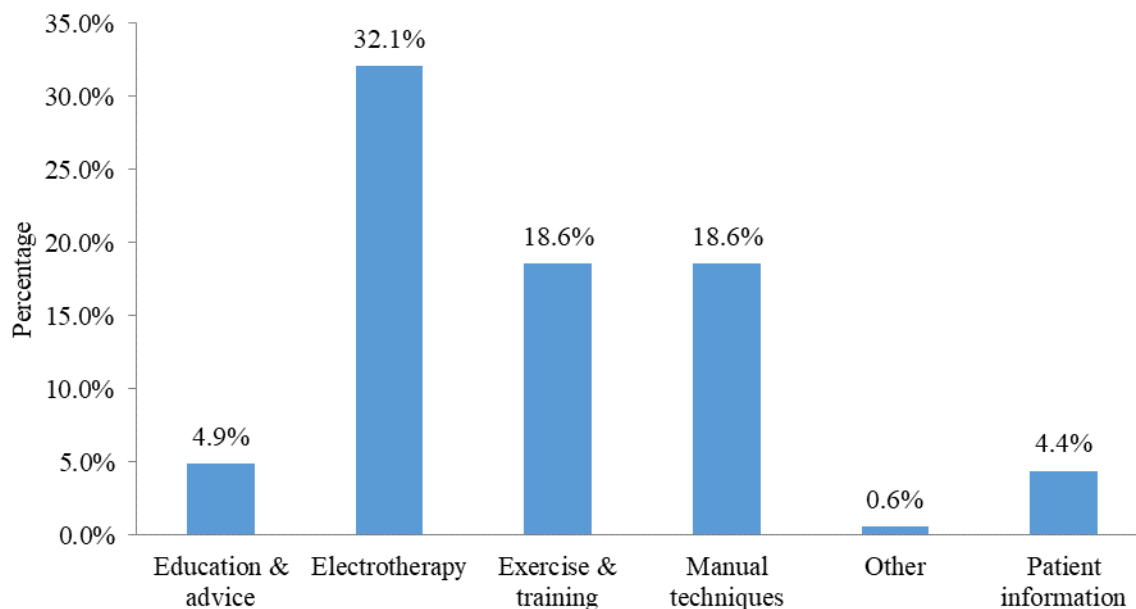| Modality	*n*	%
EDUCATION & ADVICE		
Advice re self-management	35296	54.3%
Advice to carer	495	0.8%
Education	17694	27.2%
Education booklet / leaflet provided	1955	3.0%
Ergonomic assessment	792	1.2%
Movement and handling assessment / advice	1277	2.0%
EXERCISE & TRAINING		
Active exercises – mobilising	39517	60.7%
Active exercises – strengthening	30320	46.6%
Back rehabilitation class (behavioural modification)	366	0.6%
Back School	70	0.1%
Balance re-training	2291	3.5%
Biofeedback	170	0.3%
Gait re-education	2888	4.4%
Hydrotherapy	161	0.2%
Muscle imbalance / stability training	10247	15.8%
Posture correction	10323	15.9%
MANUAL TECHNIQUES		
Acupuncture	6422	9.9%
Appliance fitting (e.g. cervical collar / lumbar support)	20	0.0%
Biofeedback	23	0.0%
Biomechanical assessment	19	0.0%
Combined movements	22	0.0%
Cranio-sacral therapy	23	0.0%
Fascial release / visceral manipulation	21	0.0%
Heat therapy	22	0.0%
Injection therapy	23	0.0%
Ice pack therapy	21	0.0%
Lymphatic drainage	21	0.0%
Manipulation	2472	3.8%
Massage (e.g. CT, friction, trigger point)	27393	42.1%
Mobilisation	32335	49.7%
Muscle energy techniques	4013	6.2%
Neuro-dynamics	1670	2.6%
Reflexology	55	0.1%
Soft tissue stretching	11686	18.0%
Strapping	6170	9.5%
Traction	2349	3.6%
ELECTROTHERAPY		
Combined US and IF	327	0.5%
Electrical stimulation	403	0.6%
Interferential	5111	7.9%
Laser	1018	1.6%
Local heat	783	1.2%
Longwave US	461	0.7%
Pulse short wave	1836	2.8%
Shockwave therapy	708	1.1%
TENs	402	0.6%
Ultrasound	13941	21.4%
PATIENT INFORMATION *(given in addition to verbal information)*		
Printed	10415	16.0%
Written	4574	7.0%
Email and/or text	4604	7.1%
Video and/or photograph	4154	6.4%
OTHER	1391	2.1%

Remote consultations

With the emergence of COVID-19 and the subsequent lockdown in 2020 we revised the online system enabling practitioners to record whether patients were provided with any consultations remotely. The number of remote consultations provided are shown in Table 11.

Table 11 Remote consultations reported since April 2020

Work status	*n*	%
No remote consultations	2998	82.7
Received some remote consultations	431	11.8%
Received only remote consultations	195	5.5%
Total	3624	100.0%

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 66.7% of discharged datasets. Of the datasets with this information recorded, the responses reported are shown in Table 12.

Table 12 Treatment provided by more than one physiotherapist

	n	%
Yes (another physiotherapist provided significant input to treatment)	2522	5.8%
No	40910	94.2%
Total	43432	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. Practitioners reported one or more possible influencing factors. A total of 44.5% of patients had a factor that influenced the outcome of their treatment. The number of factors reported per patient are provided in Table 13. Of the factors reported, the most frequently occurring was 'Life-style influences' (15.5%) as shown in Table 14.

Table 13 Number of possible factors influencing the outcome of treatment

Number of factors influencing the outcome of treatment recorded	*n*	%
One factor	20506	31.5%
Two factors	6097	9.4%
Three factors	1861	2.9%
Four factors	463	0.7%
No other factors recorded or no response	36126	55.5%
Total	65053	100.0%

Table 14 Factors influencing the outcome of treatment

Factors influencing the outcome of treatment	*n*	%
Life-style influences, e.g. job, home circumstances, age, sport, etc.	10110	15.5%
Time since onset	3758	5.8%
Other medical conditions, e.g. cardiac.	3065	4.7%
Difficulty in attending for treatment	2887	4.4%
Patient unable to attend first appointment offered	2770	4.3%
General state, e.g. compensation case, stress levels, level of	2741	4.2%
Natural progression	2670	4.1%
Exacerbation of condition	2360	3.6%
Other	1984	3.0%
Re-referred to consultant or GP	1130	1.7%
Other medical intervention, e.g. drugs, injection, osteopath,	1124	1.7%
Inability to pay for treatment	1041	1.6%
Patient unwilling or unable to attend for treatment	890	1.4%
Lack of patient adherence	782	1.2%
Lack of treatment	515	0.8%
Patient moved from the area	455	0.7%
Change in therapist	268	0.4%
Difficulty with childcare	241	0.4%
Pain free at first visit	235	0.4%
Inappropriate referral	201	0.3%
Access to treatment area difficulties	142	0.2%
Transport difficulties	140	0.2%
Language difficulties	67	0.1%
Therapist sickness	41	0.1%
Parking difficulties	3	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 97.5% of patients and the detail is shown in Figure 13. The majority of patients (78.6%) achieved their goals (exceeded, fully or significantly). Only 3.8% of patients did not achieve their goals.
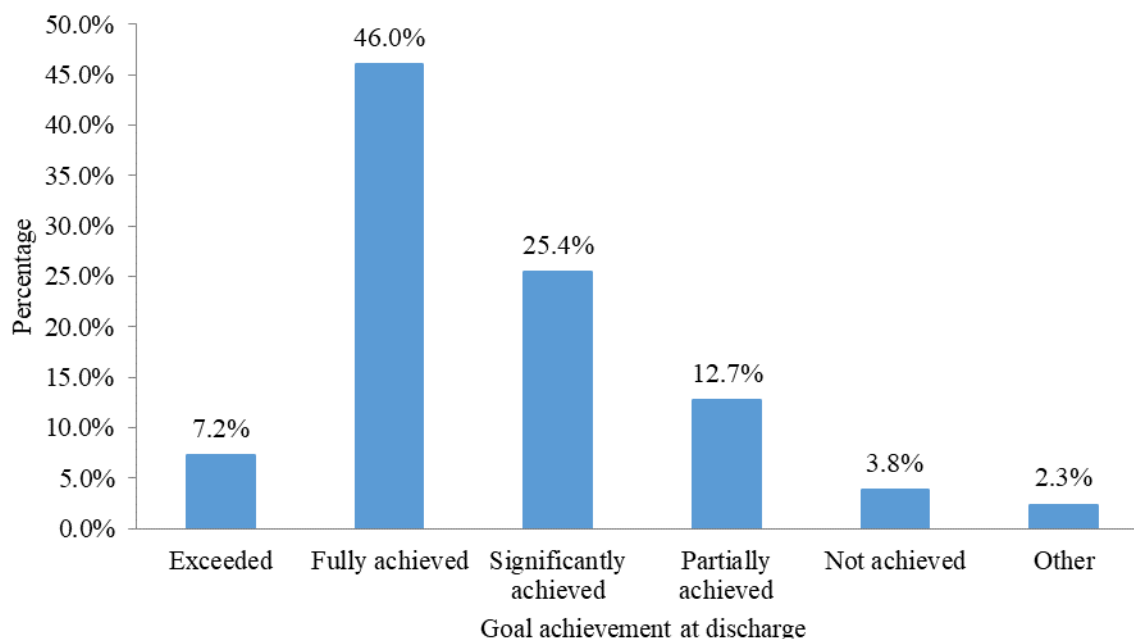

Figure 13 Goal achievement at discharge

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 2.5 (SD = 1.6). The detail is shown in Figure 14. This information was not reported for 5.6% of the patients.
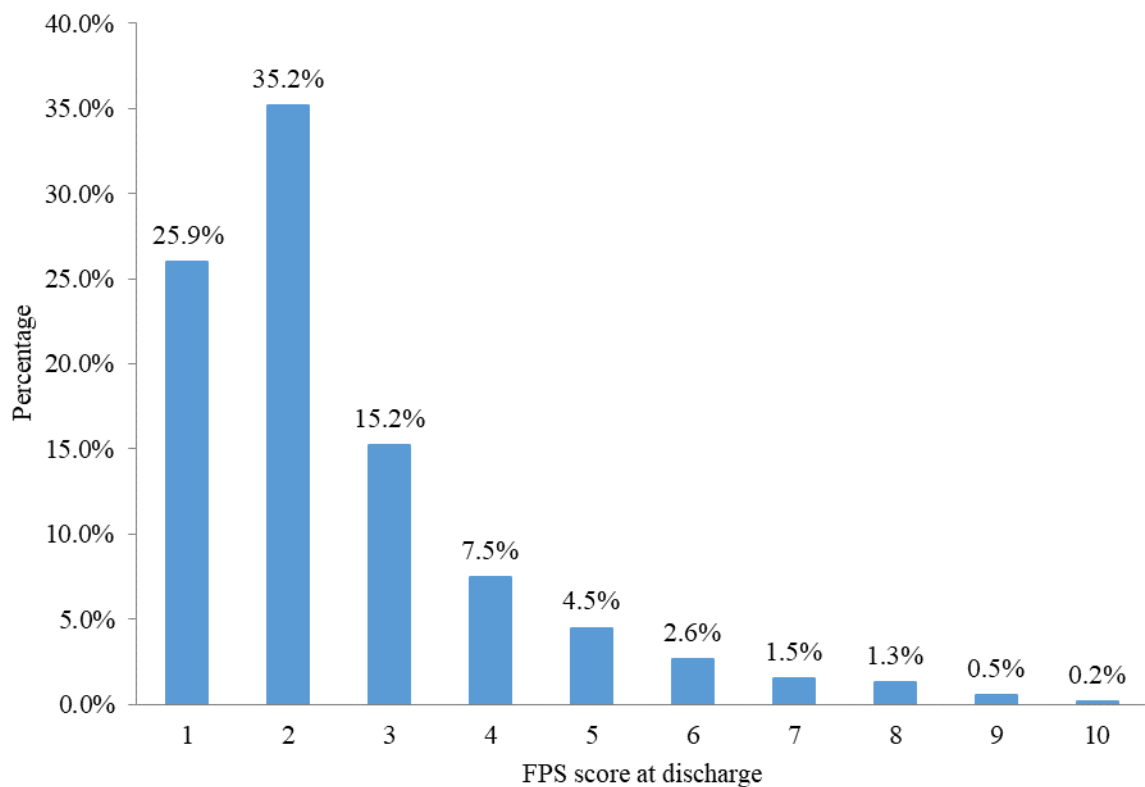
Figure 14 Functional, physical and subjective (FPS) score at discharge

Figure 15 displays a visual comparison between the initial FPS score and the final FPS score. The mean score at the initial visit was 5.7 (SD 1.8) and on discharge was 2.5 (SD 1.6).
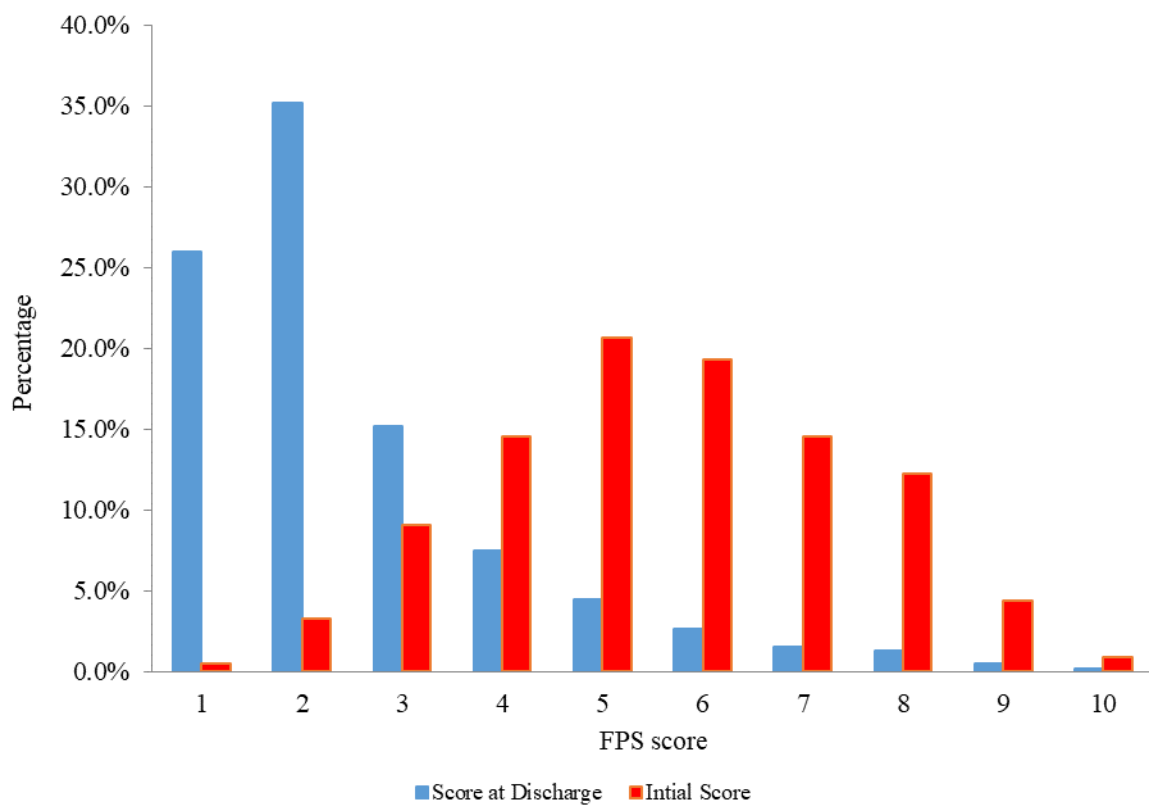

Figure 15 A visual comparison of the FPS scores (initial vs final scores)

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	*n*	%
Regular discharge & SOS (return if not completely better)	21176	32.6%
Treatment completed. Regular discharge.	18732	28.8%
Referred to GP/Consultant	5268	8.1%
Assessment completed. Advice re self-care given	4948	7.6%
Patient self-discharged	3085	4.7%
Treatment interrupted (unable to attend – practice informed)	2053	3.2%
Condition optimised: regular maintenance needed	1717	2.6%
Maintenance type patient	1532	2.4%
Treatment interrupted (failed to attend – practice not informed)	1309	2.0%
Patient discharged early due to limited number of treatments funded by insurer	728	1.1%
Transferred to another practice	706	1.1%
Other	633	1.0%
Assessment completed no physiotherapy required	438	0.7%
Physiotherapy not effective	190	0.3%
Patient non-compliant	168	0.3%
Treatment not commenced (did not attend -practice not informed)	89	0.1%
Treatment not commenced (practice informed)	78	0.1%
Inappropriate referral	65	0.1%
No response	2138	3.3%
Total	65053	100.0%

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 3.5 (SD = 2.3). The majority of patients (89.3%) had 6 or fewer treatments; 72.4% had 4 or fewer treatments. The details are shown in Figure 16. This information was not reported for 1.8% of the data.
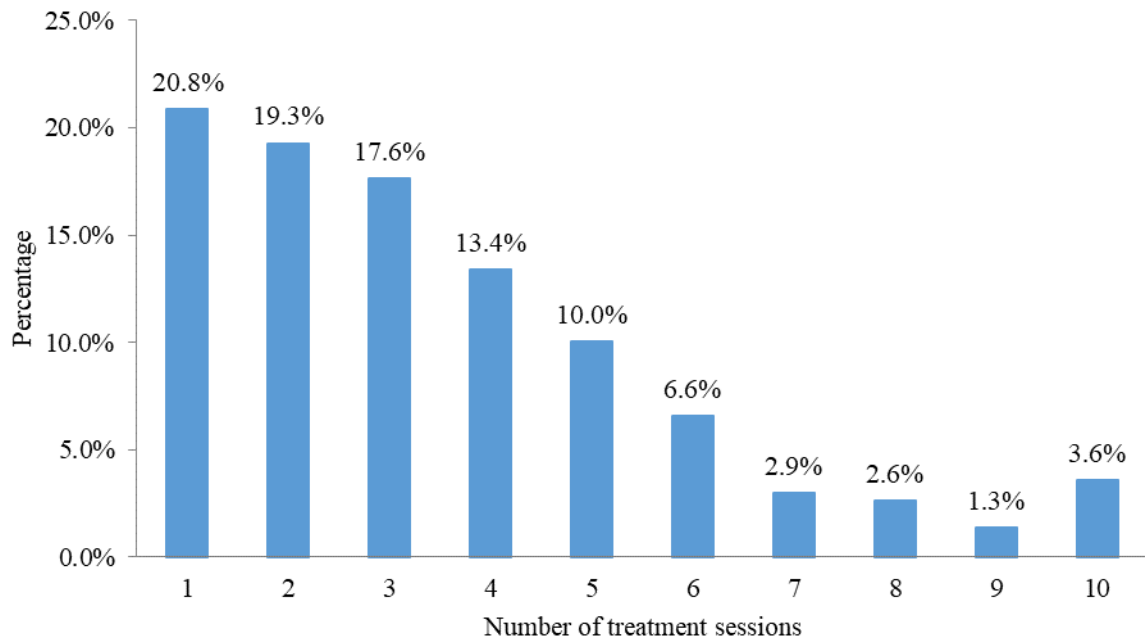
Figure 16 Number of treatment sessions

Average length of treatment session

Practitioners recorded the average length of the treatment session (including time for record keeping) shown in Table 16. The most frequently reported time was 30 minutes.

Table 15 Average length of treatment session

Length of treatment session	n	%
15 min	212	0.3%
30 min	30411	46.7%
45 min	22802	35.1%
1 hour	8243	12.7%
More than 1 hour	793	1.2%
No response	2592	4.0%
Total	65053	100.0%

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 17. The most frequently reported time was <10 minutes.

Table 167 Average length of administration time

Length of administration time	*n*	%
Less than 10 minutes	53609	82.4%
10 - 30 minutes	9871	15.2%
More than 30 minutes	554	0.9%
No response	1019	1.6%
Total	65053	100.0%

Patient status on returning to work

Only a small number of patients (1.0%) were unable to return to work following treatment, or returned to work on restricted duties (3.2%). For 35.8 % of patients this question was not relevant as the practitioners reported the patient status as 'not applicable', 'unemployed' or 'retired' as shown in Table 178.

Table 17 Patient work status following treatment

Work status	*n*	%
Returned to work full time	29366	45.1%
Returned to work on restricted duties	2070	3.2%
Unable to return to work	630	1.0%
Retired	11675	17.9%
Unemployed	362	0.6%
Not applicable	11231	17.3%
No response	9719	14.9%
Total	65053	100.0%