



University of Brighton



CHAMPIONING PRIVATE PHYSIOTHERAPY

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

National report (no. 23) for data collected between 17.11.14 and 1.1.21

Report prepared by:

Dr Shemane Murtagh	University of Brighton
Dr Elizabeth Bryant	University of Brighton

Project Steering Group

Mrs Liz Palmer	Physio First
Mrs Karen Lay	Physio First
Dr Elizabeth Bryant	University of Brighton
Dr George Olivier	University of Brighton
Dr Shemane Murtagh	University of Brighton
Caroline Trosh	University of Brighton

Report prepared January 2021

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
Remote consultations.....	21
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 27 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 Remote consultations reported since April 2020	21
Table 12 Treatment provided by more than one physiotherapist.....	21
Table 13 Number of possible factors influencing the outcome of treatment	21
Table 15 Outcome of referral	25
Table 16 Average length of treatment session	26
Table 17 Average length of administration time.....	27
Table 18 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 2021.

Profile of practitioners

A total of 1,055 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.

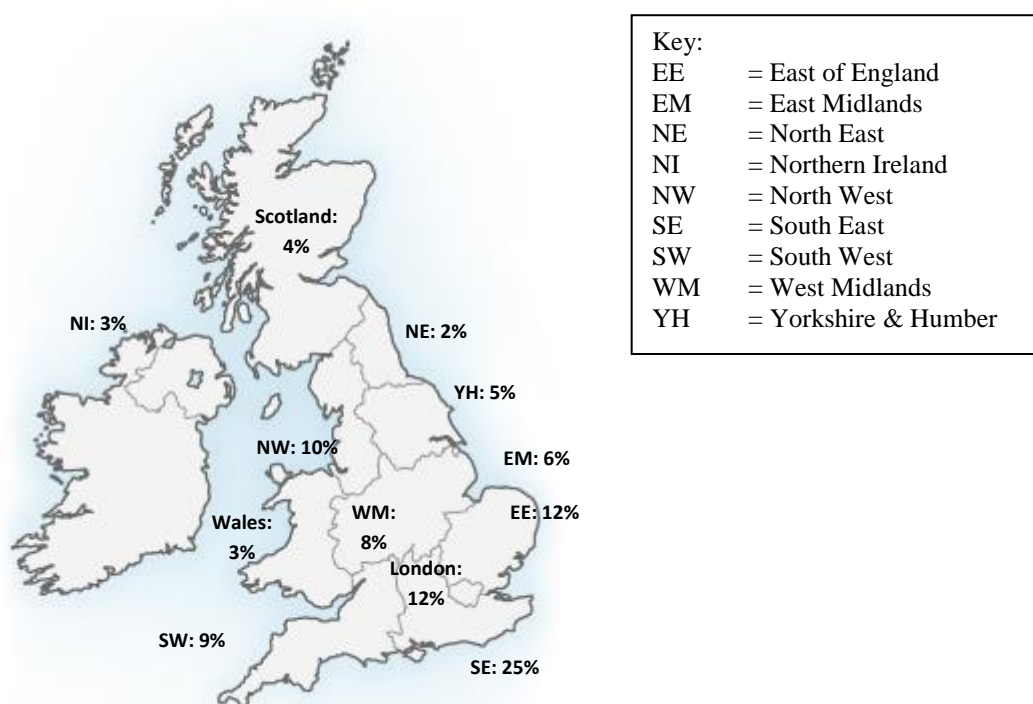


Figure 1 Participating practitioners by region

As of this latest download (1st January 2021) there are currently 857 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)

	<i>n</i>	%
Practitioners who have input some patient data using the online system	623	59.1
Practitioners who have not yet input any patient data onto the system since registering	198	18.8
Practitioners withdrawn from the study	234	22.2
<i>Total</i>	<i>1055</i>	<i>100</i>

Number of patient data sets received

A total of 78,152 patient data sets have been entered onto the online data collection system since the launch of the online system. Of these data sets, 69,736 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 41 (interquartile range, IQR: 6-109). This number varied per practitioner from 1 to 3,026 data sets. A breakdown of the total number of discharged datasets received per practitioner can be seen in Figure 2.

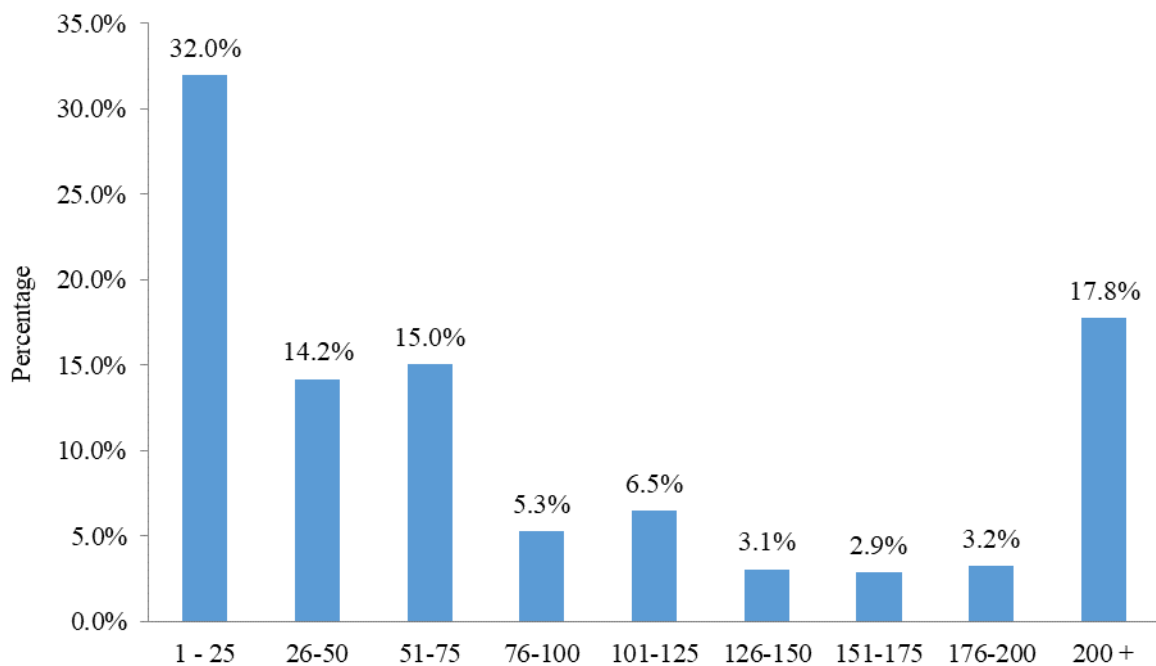


Figure 2 The total number of discharged data sets received per practitioner

Patient Details

Gender

The gender distribution of the patients was 52.5% female and 47.2% male. This detail was not reported in 0.3% ($n=195$) 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 51.0 ± 17.7 years.

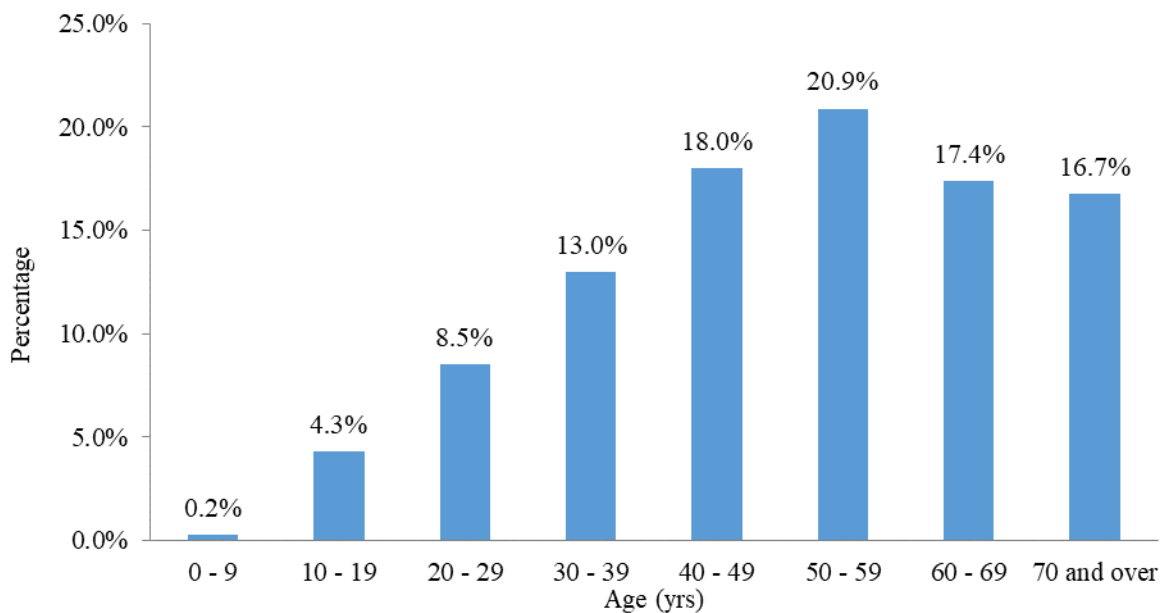


Figure 3 Age distribution of patients

Occupation

The largest group of occupation reported was 'retired' and this represented 25.2% of the patients. Of the male patients 21.3% 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	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Retired	17564	25.2%	10486	28.7%	7019	21.3%
Professional	13629	19.5%	6079	16.6%	7513	22.8%
Managers	6426	9.2%	2169	5.9%	4239	12.9%
Associate professional	6449	9.2%	3280	9.0%	3159	9.6%
Administrative	5446	7.8%	4571	12.5%	863	2.6%
Skilled trade	3661	5.2%	684	1.9%	2964	9.0%
Housewife/husband	2588	3.7%	2472	6.8%	111	0.3%
Student	2210	3.2%	1089	3.0%	1110	3.4%
School	1939	2.8%	979	2.7%	953	2.9%
Sales and customer service	2257	3.2%	1205	3.3%	1050	3.2%
Personal service	2393	3.4%	1817	5.0%	570	1.7%
Elementary	2375	3.4%	965	2.6%	1405	4.3%
Plant operator	1510	2.2%	124	0.3%	1384	4.2%
Professional sportsperson	280	0.4%	102	0.3%	177	0.5%
Unemployed	388	0.6%	223	0.6%	163	0.5%
Long-term sickness	169	0.2%	111	0.3%	58	0.2%
Prisoner	0	0.0%	0	0.0%	0	0.0%
No response	452	0.6%	239	0.7%	204	0.6%
<i>Total</i>	69736	100.0%	36595	100.0%	32942	100.0%

*One hundred and ninety five records had no report of gender

Patients off work due to their presenting symptom

A small number of patients ($n=3,529$, 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

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	1899	2.7%	1151	32.6%
Up to 2 weeks	1032	1.5%	615	17.4%
Up to 3 weeks	494	0.7%	316	9.0%
Up to 4 weeks	439	0.6%	270	7.7%
1 to 2 months	595	0.9%	361	10.2%
3 to 6 months	377	0.5%	209	5.9%
6 to 12 months	146	0.2%	73	2.1%
More than 1 year	274	0.4%	85	2.4%
No response	64480	92.5%	449	12.7%
<i>Total</i>	69736	100.0%	3529	100.0%

Diagnosis

Duration of symptoms

The largest group of patients had experienced their symptoms for 1-2 weeks (18.4%), followed closely by 3-4 weeks (16.7%). A notable sized group (14.9%) 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.

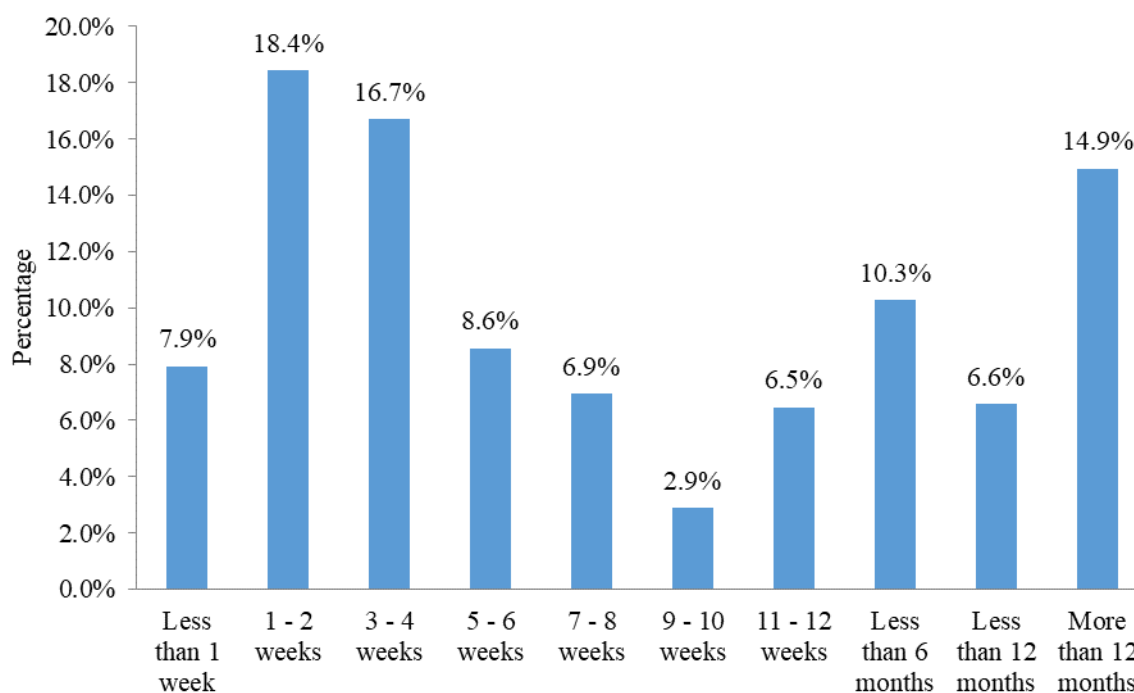


Figure 4 Duration of symptoms

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 19.9% 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.

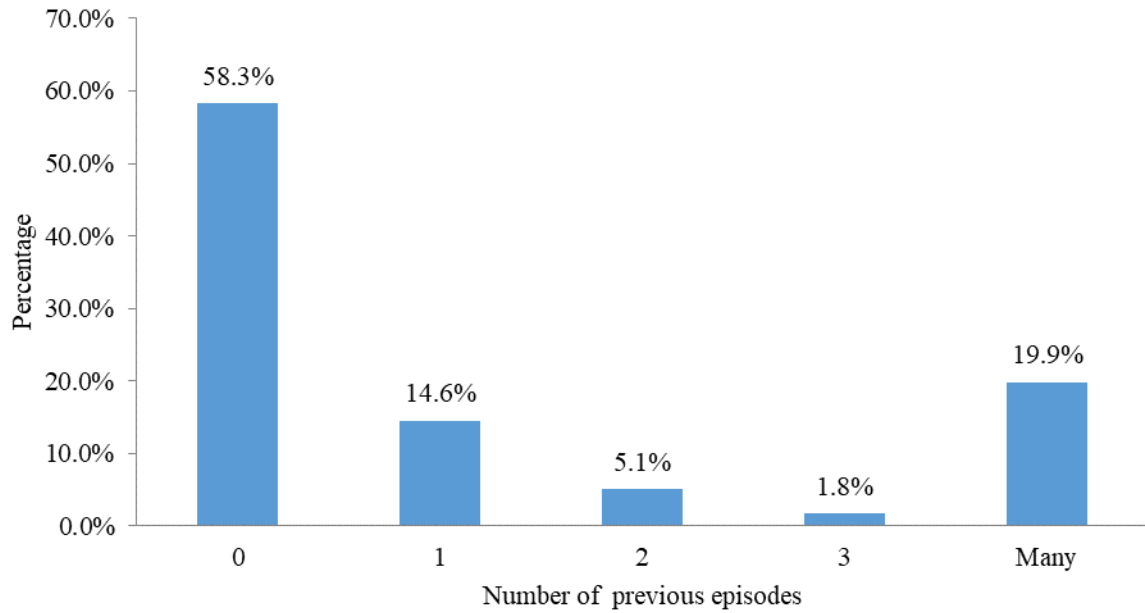


Figure 5 Number of previous episodes of the presenting symptoms

Cause of onset

Practitioners could choose between six different types of onset. The most frequently reported cause was spontaneous (37.2%). This information was not reported for 0.5% of the data. The detail is displayed in Figure 6.

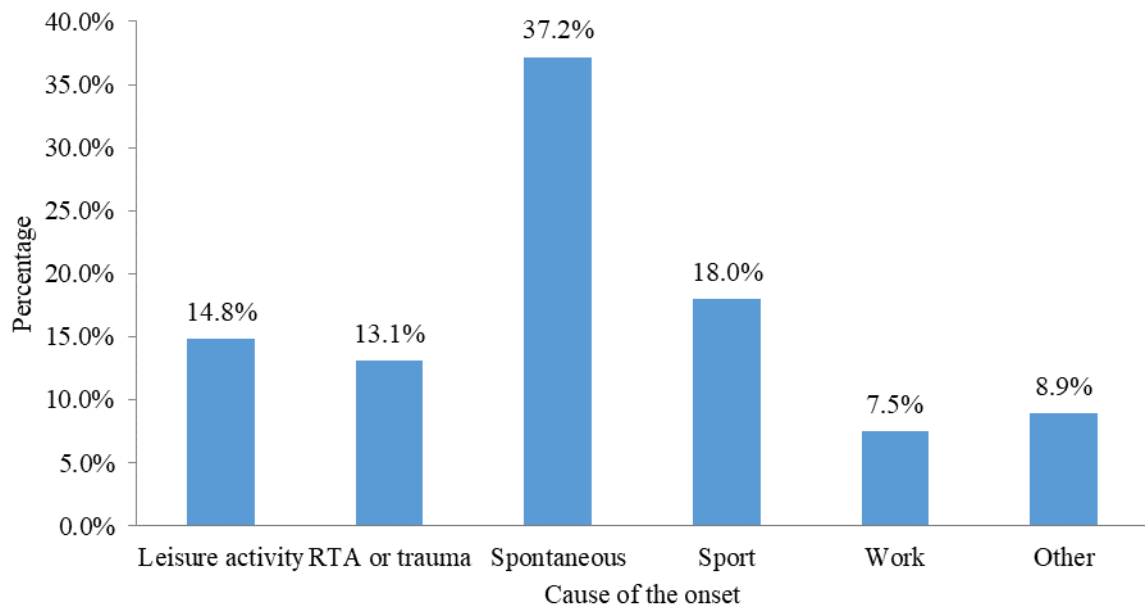


Figure 6 Cause of the onset of presenting symptom

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 (17.3%) and non-specific low back pain (9.1%). This information was not reported for 0.6% of the data.

Table 4 The 27 most frequently reported specific physiotherapy diagnoses

Specific physiotherapeutic diagnosis	<i>n</i>	%
Joint dysfunction/pain	12039	17.3%
Non-specific low back pain (acute / chronic)	6375	9.1%
Muscular tenderness/dysfunction	5019	7.2%
Tendinopathy	4088	5.9%
Soft tissue injury	3293	4.7%
Osteoarthritis	3042	4.4%
Nerve impingement	2445	3.5%
Disc lesion with neural impingement	2428	3.5%
Ligamentous injury	2270	3.3%
Post-op symptoms	2086	3.0%
Whiplash	1879	2.7%
Multiple tissue injury (bone, joint & soft tissue)	1839	2.6%
Spondylosis / arthrosis	1757	2.5%
Rotator cuff	1688	2.4%
Muscle imbalance	1568	2.2%
Other	1466	2.1%
Anterior knee pain	1424	2.0%
Disc lesion	1413	2.0%
Joint injury	1334	1.9%
Bony injury, e.g. fracture	1309	1.9%
Impingement syndrome	1248	1.8%
Repetitive strain injury / overuse injury	1185	1.7%
Meniscal tear / cartilage / labrum	1124	1.6%
Capsulitis	871	1.2%
Tennis elbow	744	1.1%
Bursitis	706	1.0%
Joint instability	692	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 0.5% of the data.

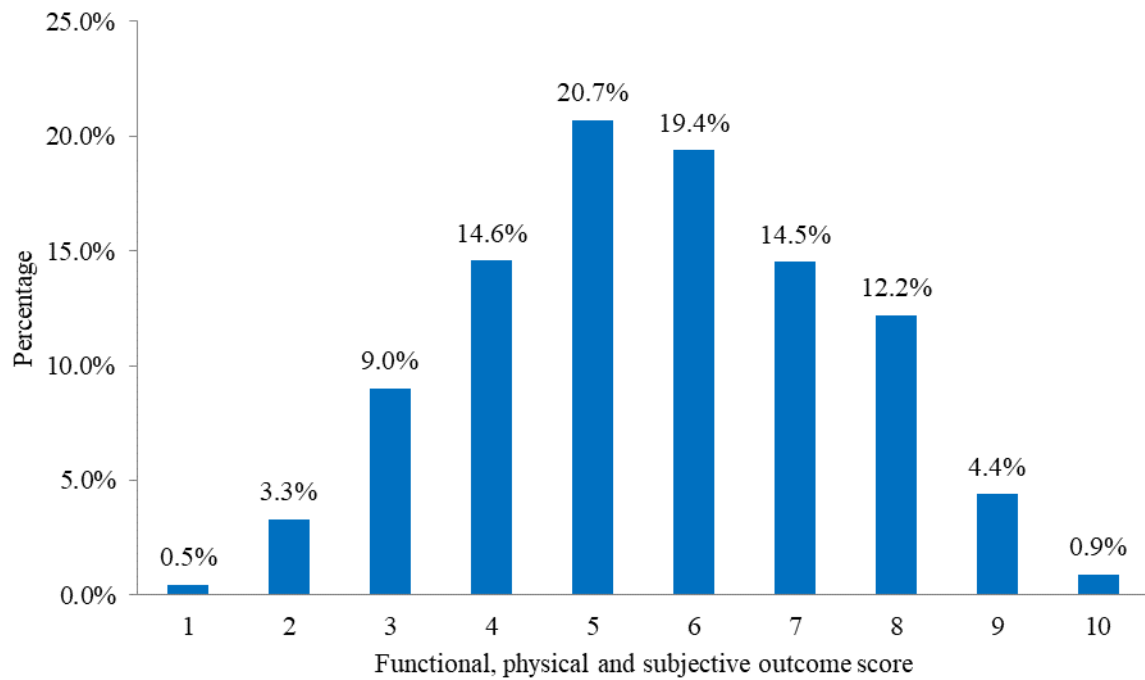


Figure 7 The initial assessment of functional, physical and subjective outcome score

Referral Information

Referral Source

The largest source of referral was 'self-referral' (74.6%). The detail is shown in Table 5. More females than males were referred by their GP (6.2% females compared with 5.0% 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	51995	74.6%	27587	75.4%	24268	73.7%
GP	3940	5.6%	2273	6.2%	1655	5.0%
Medical consultant	3749	5.4%	1979	5.4%	1756	5.3%
Intermediary	2811	4.0%	1354	3.7%	1448	4.4%
Other healthcare service	1047	1.5%	533	1.5%	511	1.6%
Private medical insurer	3193	4.6%	1512	4.1%	1674	5.1%
Company	1945	2.8%	801	2.2%	1136	3.4%
Other physiotherapy service	347	0.5%	204	0.6%	142	0.4%
Solicitor	344	0.5%	164	0.4%	180	0.5%
No response	365	0.5%	189	0.5%	175	0.5%
Total	69736	100.0%	36596	100.0%	32945	100.0%

**One hundred and ninety five records had no report of gender*

Payment responsibility

The majority of patients paid for their own treatment (72.3%) and insurance companies paid for less than a fifth of the treatments (19.4%). The details are displayed in Table 6.

More females (74.7%) paid for their treatment compared to males (69.75%). 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 (21.3% for males compared with 17.7% females).

Table 6 Payment responsibility

Payment responsibility	All patients		Female patients		Male patients	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Self	50419	72.3%	27319	74.7%	22973	69.7%
Insurance company	13542	19.4%	6478	17.7%	7018	21.3%
Intermediary	1871	2.7%	920	2.5%	946	2.9%
Combination of self and insurance	1231	1.8%	654	1.8%	572	1.7%
Employer	1478	2.1%	610	1.7%	863	2.6%
NHS	359	0.5%	207	0.6%	150	0.5%
Sporting association	151	0.2%	46	0.1%	101	0.3%
Solicitor	258	0.4%	131	0.4%	127	0.4%
No response	427	0.6%	231	0.6%	195	0.6%
Total	69736	100.0%	36596	100.0%	32945	100.0%

**One hundred and ninety five 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	25216	36.2%
Word of mouth	21572	30.9%
Referred to practice	9867	14.1%
Local knowledge	4157	6.0%
Advertising	5105	7.3%
Insurance company	3160	4.5%
Articles	70	0.1%
No response	589	0.8%
<i>Total</i>	69736	100.0%

Time between wanting treatment and commencement of treatment

More than half the patients (63.7%) commenced their treatment within 2 days of requesting an appointment, and almost all (90.5%) were treated within one week of requesting treatment. This information was not reported for 1.2% 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=2,895, 4.2%).

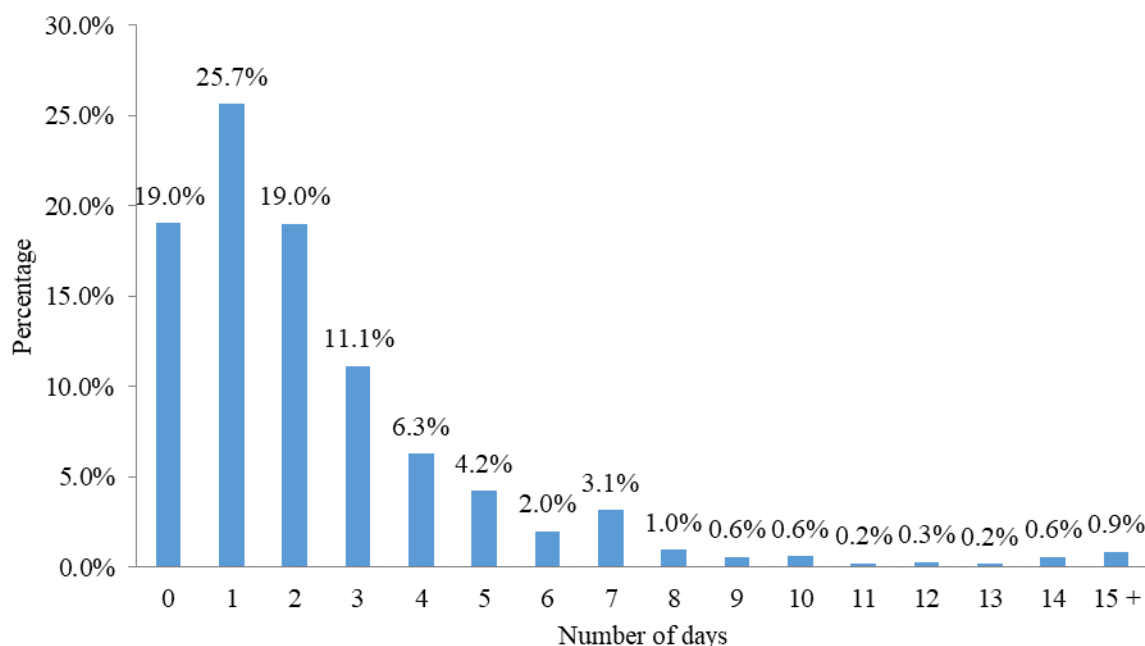


Figure 8 Number of days between wanting treatment and commencement of treatment

Body Site

General body site

Practitioners could report up to four general body sites where dysfunction occurred. Almost all patient records (99.4%) included at least one body site; 18.5% 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 (27.7%). Details of the proportions of the main body sites involved are shown in Figure 9.

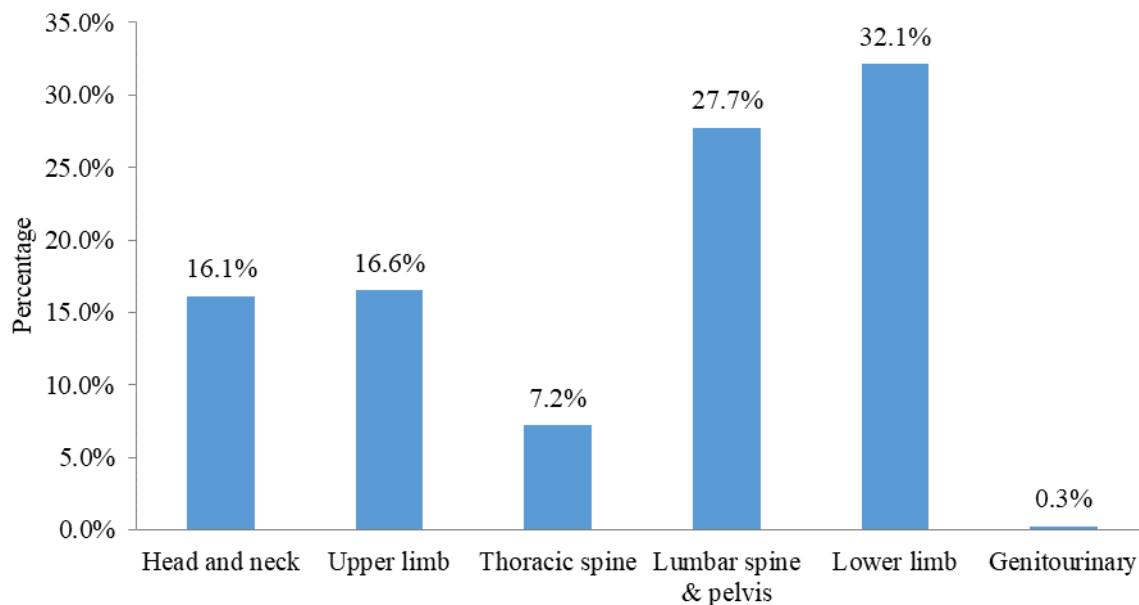


Figure 9 General body site

Specific body site

Practitioners could record specific body sites which demonstrated pathology and 88.8% of the patients had at least one specific body site recorded. Two sites were recorded for 15.7% of the patients; a third specific body site was recorded for 4.3% of the patients and 1.1% of the patients had four specific body sites recorded.

The most frequently reported specific body sites were the knee (13.5%), the lumbar spine (9.5%), and the shoulder (8.5%). 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	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Occipital	377	0.5%	261	0.6%	116	0.3%
Temporal	144	0.2%	95	0.2%	49	0.1%
Parietal	0	0.0%	0	0.0%	0	0.0%
Maxillary	0	0.0%	0	0.0%	0	0.0%
Mandibular	40	0.1%	29	0.1%	11	0.0%
Occipito-frontal	247	0.3%	172	0.4%	75	0.2%
Temporo-mandibular	160	0.2%	115	0.3%	44	0.1%
Cervical spine	3100	4.1%	1726	4.2%	1362	3.9%
Cervical spine + referral to shoulder	4871	6.4%	2964	7.3%	1893	5.4%
Cervical spine + referral to elbow	660	0.9%	398	1.0%	259	0.7%
Cervical spine + referral to wrist	352	0.5%	213	0.5%	138	0.4%
Cervical spine + referral to hand	1399	1.8%	812	2.0%	585	1.7%
Cervical spine + referral to head and/or face	682	0.9%	446	1.1%	236	0.7%
<i>Subtotal: cervical spine and cervical+ referrals</i>	11064	14.6%	6559	16.1%	4473	12.7%
Shoulder girdle	1438	1.9%	694	1.7%	742	2.1%
Shoulder	6435	8.5%	3215	7.9%	3204	9.1%
Clavicle	222	0.3%	79	0.2%	142	0.4%
Scapula	439	0.6%	211	0.5%	227	0.6%
Upper arm	558	0.7%	326	0.8%	232	0.7%
Elbow	1562	2.1%	642	1.6%	917	2.6%
Forearm	357	0.5%	185	0.5%	172	0.5%
Wrist	897	1.2%	532	1.3%	364	1.0%
Hand	729	1.0%	404	1.0%	323	0.9%
Upper thoracic	1622	2.1%	910	2.2%	706	2.0%
Upper thoracic + referral to upper limb(s)	582	0.8%	337	0.8%	243	0.7%
Upper thoracic + referral to mid and lower thorax	773	1.0%	475	1.2%	296	0.8%
Mid thoracic	1454	1.9%	823	2.0%	627	1.8%
Lower thoracic	607	0.8%	312	0.8%	295	0.8%
<i>Subtotal: Thoracic spine + referrals</i>	5038	6.6%	2857	7.0%	2167	6.2%
Ribs	341	0.4%	165	0.4%	176	0.5%
Lumbar spine	7222	9.5%	3402	8.4%	3803	10.8%
Lumbar spine + referral to buttock	4296	5.7%	2454	6.0%	1831	5.2%
Lumbar spine + referral to mid-thigh	1678	2.2%	901	2.2%	774	2.2%
Lumbar spine + referral to knee	1480	1.9%	790	1.9%	686	2.0%
Lumbar spine + referral to mid-calf	1193	1.6%	596	1.5%	593	1.7%
Lumbar spine + referral to heel	919	1.2%	496	1.2%	421	1.2%
Lumbar spine + referral to foot and toes	1510	2.0%	815	2.0%	691	2.0%
<i>Subtotal: Lumbar spine & lumbar + referrals</i>	18298	24.1%	9454	23.2%	8799	25.1%
Sacroiliac/pelvis	2324	3.1%	1569	3.9%	751	2.1%
Groin Strain	112	0.1%	42	0.1%	70	0.2%
Hip	4197	5.5%	2599	6.4%	1584	4.5%
Thigh	1739	2.3%	714	1.8%	1025	2.9%
Lower leg	618	0.8%	294	0.7%	324	0.9%
Knee	10275	13.5%	5211	12.8%	5035	14.3%
Calf	1839	2.4%	677	1.7%	1157	3.3%
Anterior lower leg	370	0.5%	174	0.4%	195	0.6%
Ankle	3493	4.6%	1847	4.5%	1633	4.7%
Foot	2492	3.3%	1451	3.6%	1034	2.9%
Pelvic floor	123	0.2%	102	0.3%	21	0.1%
Anterior abdominal wall	69	0.1%	42	0.1%	27	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 94.7% of patients. The most common length of time for the first treatment was one hour. The details are displayed in Figure 10.

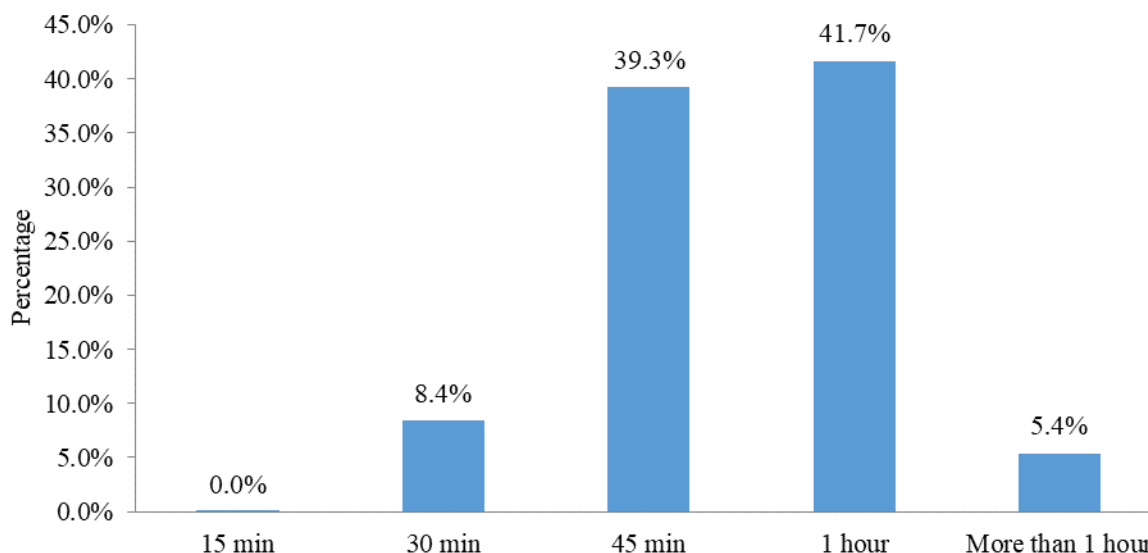


Figure 10 Length of initial examination and/or treatment

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 (89.2%) 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	<i>n</i>	%
One treatment modality	1595	2.3%
Two treatment modalities	5497	7.9%
Three treatment modalities	14783	21.2%
Four treatment modalities	19689	28.2%
Five treatment modalities	15453	22.2%
Six treatment modalities	12257	17.6%

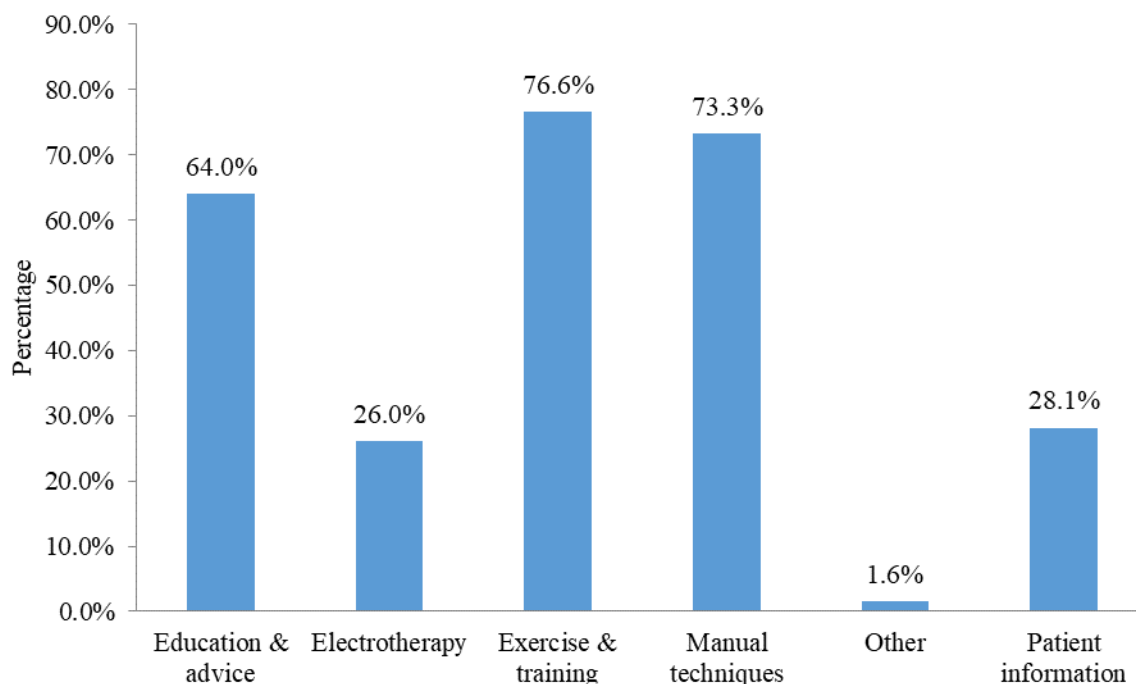


Figure 11 Initial treatment modalities provided to patients

Practitioners could record any changes in treatment modality at subsequent treatment appointments. At least one change in treatment modality was reported for 25.5% of patients. Two changes in treatment modality were reported for 8.6%; 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.

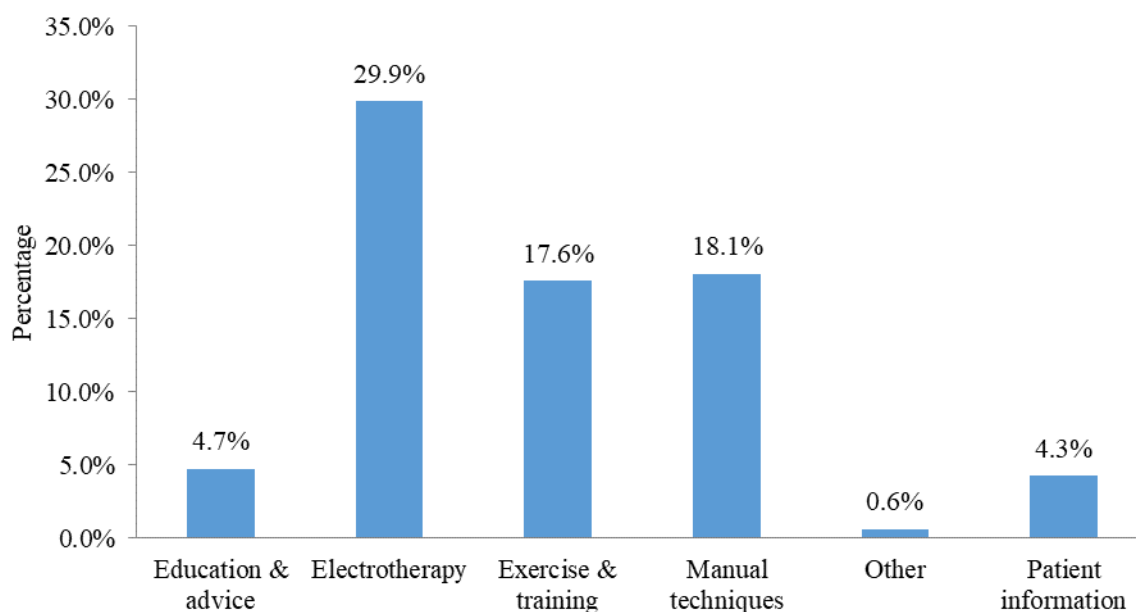


Figure 12 Treatment modalities used in subsequent appointments

Table 10 The overall usage of each treatment modality

Modality	n	%
EDUCATION & ADVICE		
Advice re self-management	38309	54.9%
Advice to carer	549	0.8%
Education	19035	27.3%
Education booklet / leaflet provided	2147	3.1%
Ergonomic assessment	905	1.3%
Movement and handling assessment / advice	1413	2.0%
EXERCISE & TRAINING		
Active exercises – mobilising	42460	60.9%
Active exercises – strengthening	32797	47.0%
Back rehabilitation class (behavioural modification)	415	0.6%
Back School	110	0.2%
Balance re-training	2543	3.6%
Biofeedback	223	0.3%
Gait re-education	3119	4.5%
Hydrotherapy	192	0.3%
Muscle imbalance / stability training	11207	16.1%
Posture correction	10965	15.7%
MANUAL TECHNIQUES		
Acupuncture	6930	9.9%
Appliance fitting (e.g. cervical collar / lumbar support)	1438	2.1%
Biofeedback	162	0.2%
Biomechanical assessment	3850	5.5%
Combined movements	1279	1.8%
Cranio-sacral therapy	274	0.4%
Fascial release / visceral manipulation	3660	5.2%
Heat therapy	984	1.4%
Injection therapy	131	0.2%
Ice pack therapy	2663	3.8%
Lymphatic drainage	238	0.3%
Manipulation	2674	3.8%
Massage (e.g. CT, friction, trigger point)	29412	42.2%
Mobilisation	34558	49.6%
Muscle energy techniques	4275	6.1%
Neuro-dynamics	1835	2.6%
Reflexology	76	0.1%
Soft tissue stretching	12329	17.7%
Strapping	6518	9.3%
Traction	2416	3.5%
ELECTROTHERAPY		
Combined US and IF	370	0.5%
Electrical stimulation	502	0.7%
Interferential	5381	7.7%
Laser	1172	1.7%
Local heat	819	1.2%
Longwave US	484	0.7%
Pulse short wave	1895	2.7%
Shockwave therapy	839	1.2%
TENS	471	0.7%
Ultrasound	14769	21.2%
PATIENT INFORMATION (given in addition to verbal information)		
Printed	10720	15.4%
Written	4779	6.9%
Email and/or text	5247	7.5%
Video and/or photograph	4584	6.6%
OTHER	1552	2.2%

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	<i>n</i>	%
No remote consultations	6632	80.8%
Received some remote consultations	1278	15.5%
Received only remote consultations	294	3.6%
<i>Total</i>	8204	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 85.0% 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

	<i>n</i>	%
Yes (another physiotherapist provided significant input to treatment)	2632	5.5%
No	45451	94.5%
<i>Total</i>	48083	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 44.0% 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' (15.3%) 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	<i>n</i>	%
One factor	21704	31.1%
Two factors	6488	9.3%
Three factors	1995	2.9%
Four factors	508	0.7%
No other factors recorded or no response	39041	56.0%
<i>Total</i>	69736	100.0%

Table 14 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.	10677	15.3%
Time since onset	3963	5.7%
Other medical conditions, e.g. cardiac.	3193	4.6%
Difficulty in attending for treatment	3143	4.5%
General state, e.g. compensation case, stress levels, level of	3005	4.3%
Patient unable to attend first appointment offered	2902	4.2%
Natural progression	2805	4.0%
Exacerbation of condition	2580	3.7%
Other	2102	3.0%
Re-referred to consultant or GP	1176	1.7%
Other medical intervention, e.g. drugs, injection, osteopath,	1174	1.7%
Inability to pay for treatment	1081	1.6%
Patient unwilling or unable to attend for treatment	922	1.3%
Lack of patient adherence	863	1.2%
Lack of treatment	530	0.8%
Patient moved from the area	472	0.7%
Change in therapist	284	0.4%
Difficulty with childcare	268	0.4%
Pain free at first visit	247	0.4%
Inappropriate referral	217	0.3%
Access to treatment area difficulties	170	0.2%
Transport difficulties	143	0.2%
Language difficulties	72	0.1%
Therapist sickness	45	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 (79.0%) achieved their goals (exceeded, fully or significantly). Only 3.7% of patients did not achieve their goals.

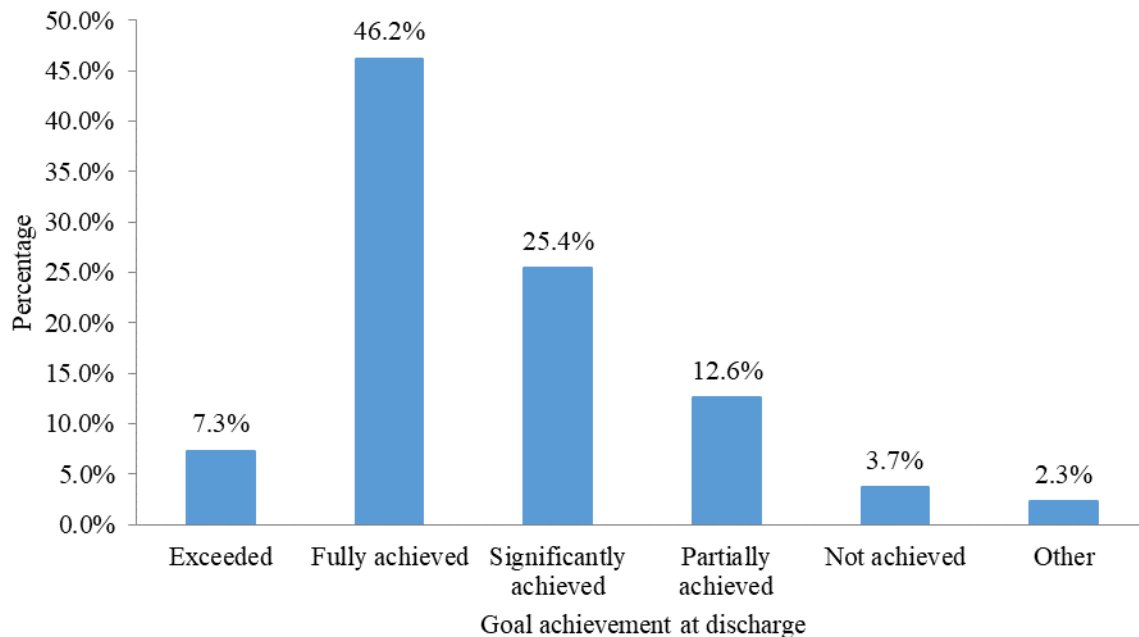


Figure 13 Goal achievement at discharge

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 5.5% of the patients.

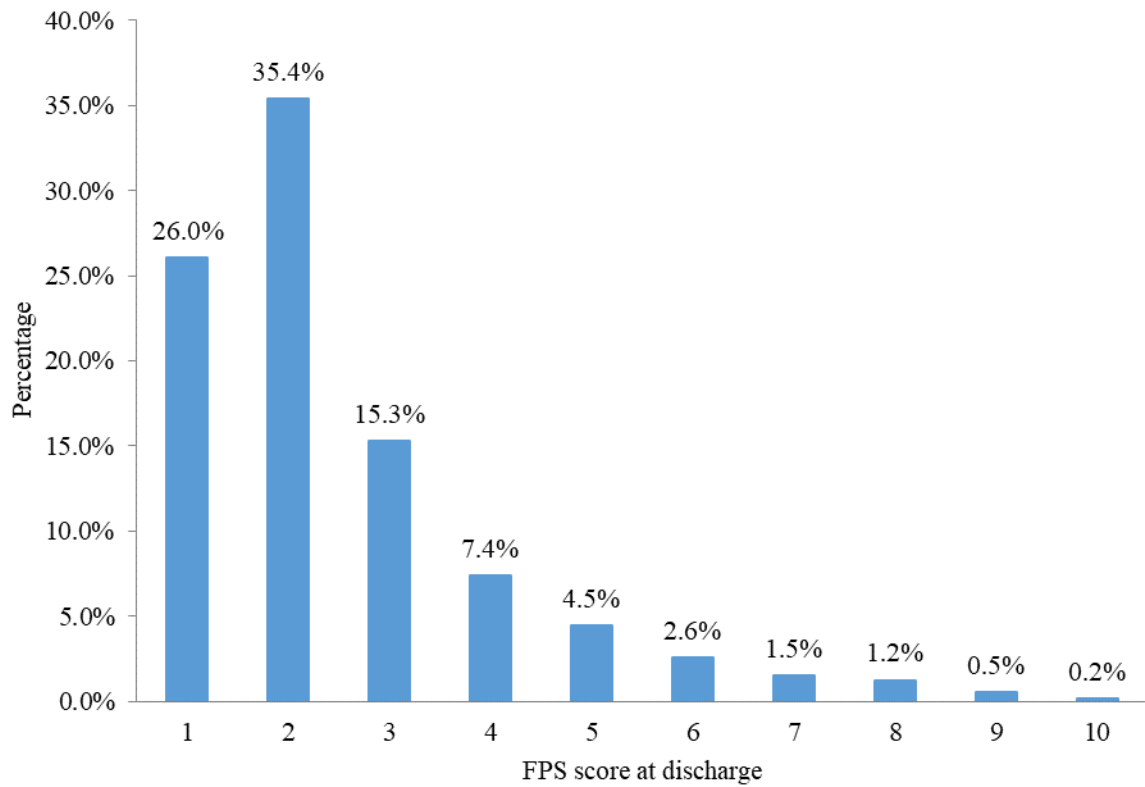


Figure 14 Functional, physical and subjective (FPS) score at discharge

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 2.5 (SD 1.6).

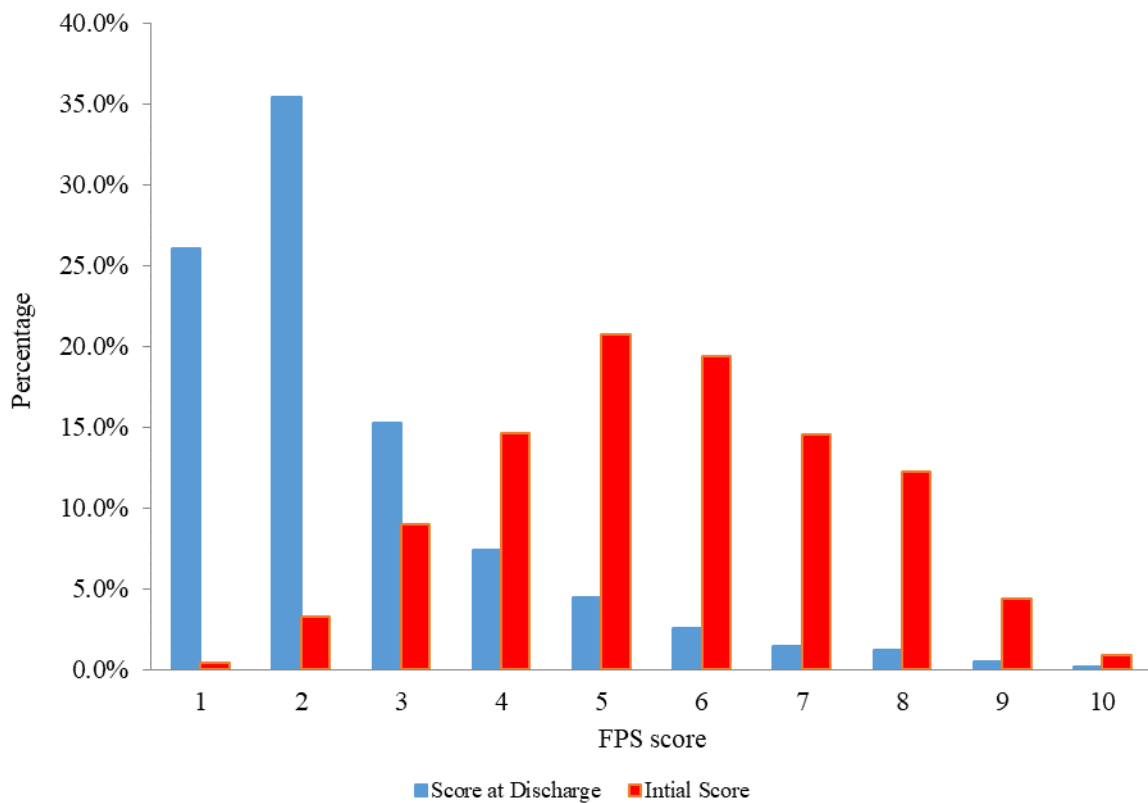


Figure 15 A visual comparison of the FPS scores (initial vs final scores)

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	<i>n</i>	%
Regular discharge & SOS (return if not completely better)	23073	33.1%
Treatment completed. Regular discharge.	19891	28.5%
Referred to GP/Consultant	5594	8.0%
Assessment completed. Advice re self-care given	5310	7.6%
Patient self-discharged	3249	4.7%
Treatment interrupted (unable to attend – practice informed)	2053	2.9%
Condition optimised: regular maintenance needed	1896	2.7%
Maintenance type patient	1360	2.0%
Treatment interrupted (failed to attend – practice not informed)	1638	2.3%
Patient discharged early due to limited number of treatments funded by insurer	733	1.1%
Transferred to another practice	765	1.1%
Other	694	1.0%
Assessment completed no physiotherapy required	206	0.3%
Physiotherapy not effective	481	0.7%
Patient non-compliant	90	0.1%
Treatment not commenced (did not attend -practice not informed)	184	0.3%
Treatment not commenced (practice informed)	82	0.1%
Inappropriate referral	72	0.1%
No response	2365	3.4%
Total	69736	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; 72.3% had 4 or fewer treatments. The details are shown in Figure 16. This information was not reported for 1.8% of the data.

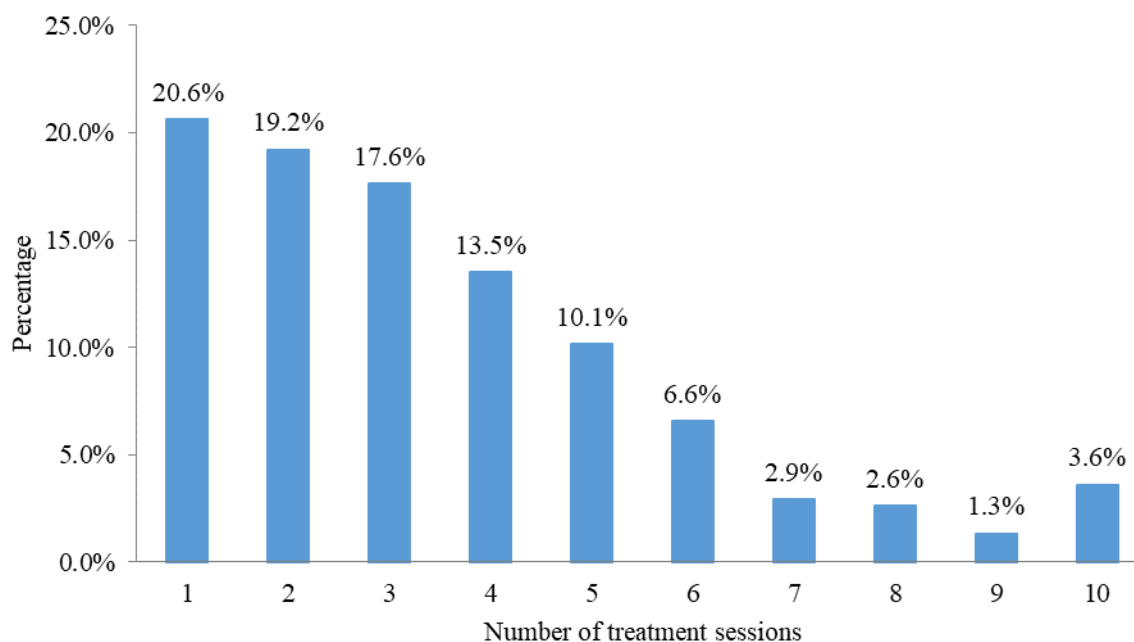


Figure 16 Number of treatment sessions

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	<i>n</i>	%
15 min	232	0.3%
30 min	32729	46.9%
45 min	24461	35.1%
1 hour	8243	11.8%
More than 1 hour	793	1.1%
No response	3278	4.7%
<i>Total</i>	69736	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 16 Average length of administration time

Length of administration time	<i>n</i>	%
Less than 10 minutes	58099	83.3%
10 - 30 minutes	9871	14.2%
More than 30 minutes	594	0.9%
No response	1172	1.7%
<i>Total</i>	69736	100.0%

Patient status on returning to work

Only a small number of patients (1.2%) were unable to return to work following treatment, or returned to work on restricted duties (3.2%). For 35.4 % 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	29380	42.1%
Returned to work on restricted duties	9413	13.5%
Unable to return to work	668	1.0%
Retired	12497	17.9%
Unemployed	386	0.6%
Not applicable	11797	16.9%
No response	5595	8.0%
<i>Total</i>	69736	100.0%