

# Effect of extended scope physiotherapists assessments in orthopaedic diagnostic setting - a systematic review

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# Introduction

OS often consulted for musculoskeletal disease Mackay C, 2010

- but unusual surgery Heywood J, 2005; Desmeules F, 2013

- Potential managed by **special trained PTs**
- Reduced health care costs
- Ensure quality and satisfaction

# Aim

Evaluate effect of PT to make diagnostic assessments

Main outcomes:

- I) Diagnostic agreement (PT vs OS)
- II) Costs
- III) Patient satisfaction

Additional:

- V) Wait time
- VI) Relevant referrals

# Methods - studies

## **Inclusion:**

- Adults (18+) with musculoskeletal disease
- Referred to orthopaedic assessment
- Assessment performed by PT

## **Exclusion:**

- Non-orthopaedic, primary care or emergency setting
- Study types: eg. reviews

# Methods – search & selection

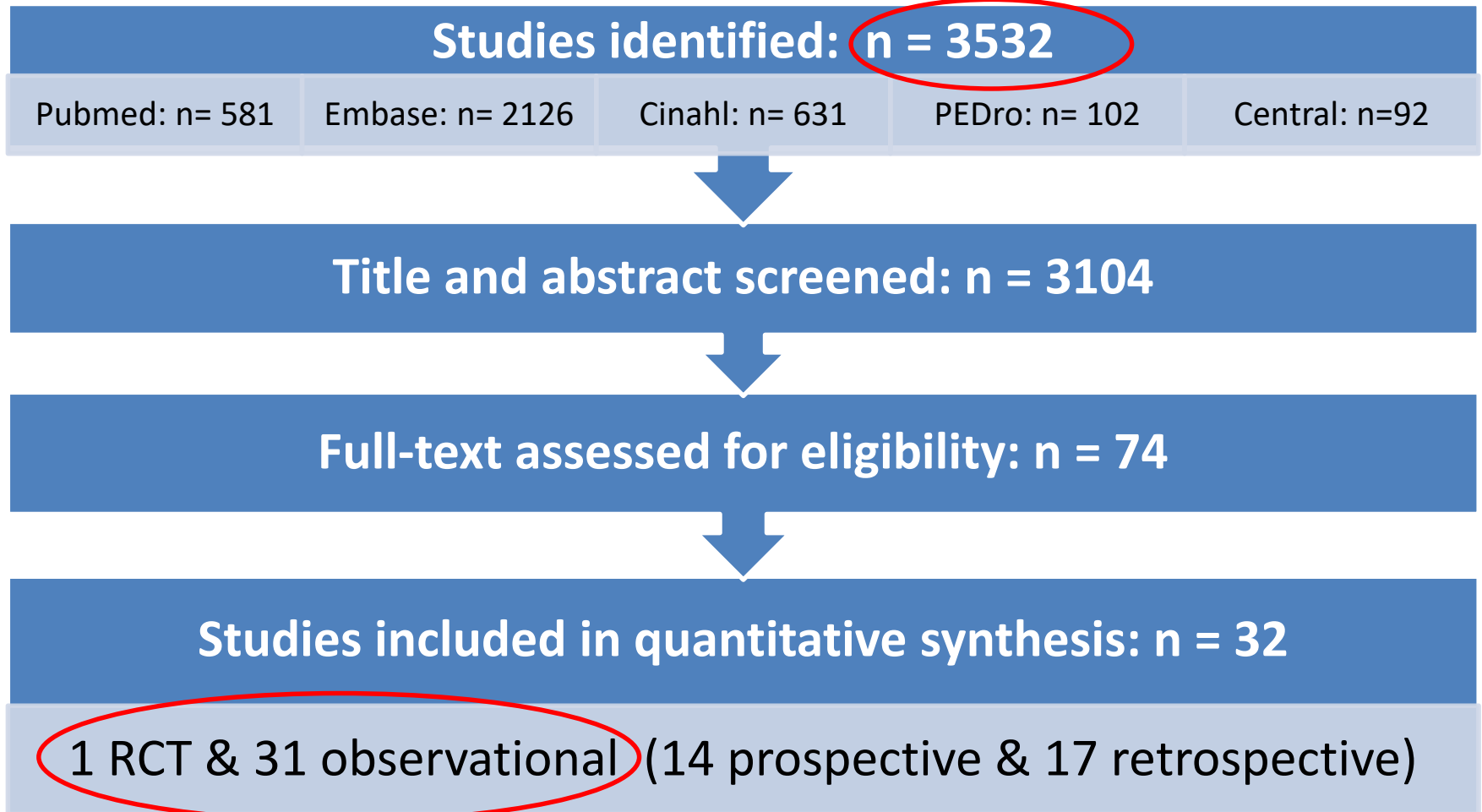
## Search:

- November 2015 - help from a Librarian
- Databases: MEDLINE, Cochrane CENTRAL, EMBASE, CINAHL & PEDro
- Reference lists

## Selection:

- Screened independently by two authors → consensus
- Methodological quality (SIGN 50 checklists)
  - *High (++)* - *Acceptable (+)* - *Unacceptable (0)*

# Results - study selection



# Results – methodological quality

	n: High (++)	n: Acceptable (+)	n: Uacceptable (0)
Diagnostic agreement (n=12)	4	6	2
Cost (n=4)	2	1	1
Satisfaction (n=13)	2	4	7

# Results - study characteristics

## Country:

- UK (n=16), Canada (n=8), Australia (n=4) & Ireland (n=4)

## Body parts:

- Knee (n=19)
- Spine (n=10)
- Shoulder (n=9)
- Hip (n=4)
- Diverse musculoskeletal parts (n=9)



# Results – Diagnostic agreement

12 studies (650 ptt)

**PT vs OS:** **84%** (range: 65-100 %) (n= 9)

**PT & OS vs arthroscopy, MRI or surgery findings**

comparable: **PT :** **78%** (range: 52-88 %) (n=3)

**OS:** **79%** (range: 37-92 %) (n=3)

Comparable according to methodological quality

# Results - Cost

4 studies (1634 ptt)

**Cost savings**

**31%** (range: 27–61%) (n=3)

PT-led clinic:

↑ expensive but ↑ beneficial (n=1)

High methodological quality: ↑ cost savings

# Results - Satisfaction

13 studies (1509 ptt)

**Satisfaction with PT :**        **89%** (range: 77-100 %) (n=9)

**Ptt satisfaction with PT vs OS:**

Favour PT (n=2) - No difference (n=1)

Comparable according to methodological quality

## **Results – Wait time & relevant referrals**

### **Wait time:**

Reduced with  
(n=5) **56%** (range: 26–87%)

### **Relevant referrals:**

Managed solely by PT  
(n=15) **71%** (range: 34-99%)

Surgical conversion rate  
(n=10) **69%** (range: 25-91%)

# Discussion

## Limitations

- Results with wide intervals
- Varied methodological quality
- Most observational studies

## Strengths

- Amount of included studies
- Study selection & quality assessment (JT, LRM)

## Generalizability?

- Studies from 4 countries
  - 1 PT and/or 1 OS - with varied experience and training

# Conclusion

## Suggests PT as useful as OS

- Findings comparable across included studies
- Results in agreement with previous reviews
- BUT evidence is not sufficient to determine the clear effectiveness

# Interested in more? Read the paper:

Accepted Manuscript

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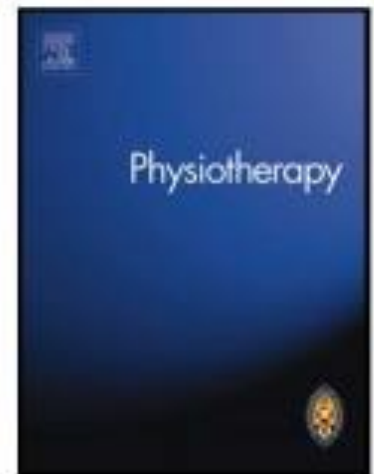
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**Tak for opmærksomheden**  
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# Etik

Et kvalitetssikringsprojekt, som kræver

- ikke anmeldelse til Den Videnskabetiske Komité (jf. definitionen i komitéloven § 2, nr. 1 og § 14, stk. 1)
- godkendelse af Centerledelsen for CPK (nødvendigt ift. journalaudit)
- anmeldelse til datatilsynet

# Results - study selection

