

reactivate

PUTTING **ACTIVITY** BACK INTO YOUR LIFE

Quarterly **PHYSIOSOUTH** Newsletter

Winter 2006



Nepalese mountain guide Phurpa Lama (sponsored by Physiosouth) and physiotherapist Monique Bolweg (left) on the summit of Island Peak (6189m), Nepal.

Contact

FREEPHONE

0508 4 PHYSIO
0508 4 74 9 74

PH 332 6487

FAX 337 2052

A/H 0274 331 965

Clinic Locations

PHYSIOSOUTH

167 Colombo Street

PHYSIOSOUTH@

PROFITNESS

Moorhouse Avenue
Harvey Norman Building

PHYSIOSOUTH@

PROFITNESS

Northwood
Belfast Supa Centre

PHYSIOSOUTH@

PIONEER

Pioneer Leisure Centre

PHYSIOSOUTH@

MOORHOUSE MEDICAL

3 Pilgrim Place

PHYSIOSOUTH@

LINCOLN ROAD MEDICAL PRACTICE

92 Lincoln Road

PHYSIOSOUTH@

KAIAPOI

Unit 6 /77 Hilton Street

PUTTING PEOPLE FIRST

Recently I was asked to present the 'Physiosouth story' to a business growth seminar (Icehouse) managed by the University of Auckland.

This presented me with the opportunity to review **PHYSIOSOUTH'S** progress since 1984, but most recently since 2001. The development of systems, infrastructure and a clear direction and vision were obvious; but the outstanding feature, on reflection, is the management of our key resource: our staff.

PHYSIOSOUTH has taken me, at times, a long way from home (the passionate clinician), from professional seminars and lectures to the Icehouse owner-operator course (five months) and the nine-day live in executive development program run by Foodstuffs, and given opportunity for considerable self learning. It's been a great adventure at a time when change was a real positive.

In the end however, it all comes down to delivering better care for our clients: 'putting activity back into people's lives'. I am still that passionate clinician and refuse to give up the thing I love most: being a clinician—and helping people get back to activity. My core management priorities for **PHYSIOSOUTH** include:

- Strategy
- People
- Culture
- Being a head clinician with a focus on rehab.

Graeme Nuttridge

Learned Helplessness

'If you believe that nothing you do will make a difference, then naturally you will do nothing: 'The state of learned helplessness'. Learning optimism, that what you do does make a difference and working towards clear and realistic goals can change this. Moving an individual from the pessimistic explanatory style (associated with depression, learned helplessness etc) to the more optimistic explanatory style and goal-focused success is one of our ultimate goals. Many clients, with exercise and regular cognitive support can start the change, and that's worth the effort. It is arguably one of our most satisfying outcomes.'

—Ref. 'Learned Optimism'
Martin Seligman PHD



Activity Based Program

UPDATES

Outcomes for July 2005–Dec 2005

- 199 ABP contracts were managed **PHYSIOSOUTH** during this time. **95%** of these achieved their key functional goal (return to work or independence)
- 3% were non complaint and discharged from our care.
- 2% did not achieve key goals
- 1% changed medical status

Knees

We managed 46 ACLs post operatively, achieving the key goal in all but three (92%). Our TKP (3) and other knee injuries and surgeries all achieved key goals. Of the three ACLs that did not achieve key goals, two were complicated (e.g. dislocations, ACLs and PCLs).

Shoulders

We managed 33 shoulders (rotator cuff repairs, decompressions and stabilizations) and achieved success in all cases.

Spinal

We treated 64 spinal problems and achieved key outcomes with all but four (94%). These included non-specific mechanical low back pain and post operative injuries.

Ankles

14 ankles (replacements, repairs and fractures), of which two did not achieve (success of 84%).

Other injuries

These included multi-trauma, T/A repairs, hand injuries and others. All 11 achieved key goals. Overall the results reflect a high level of achievement, especially in terms of functional outcomes.

Changes and recommendations made to the Activity Based Programme from our review

- We continue to achieve over 90% of our key outcome (return to work or independence)
- Assessment is focused at dis-

charge, however there is a need for longer term follow up.

- A new manual for staff including updated exercise testing and outcome measurement tools has been developed.
- The implementation of research level outcome data by July 2006.
- Revised role of Jamie Scott, head trainer at **PHYSIOSOUTH**.

- The refocusing of all staff on the legal and moral obligations of this contract (part of our ongoing management programme).

The ABP is still the most exciting initiative by ACC to assist mutual clients in achieving functional goals.

Consistent with our quality plan, a project to review all components of our Activity Based Programme was undertaken. This internal audit was managed with a view to:

- Regular reviews of all key services
- The ACC initiative to monitor ABP outcome externally
- The need to produce quality outcomes for **PHYSIOSOUTH** but also for the physiotherapy profession.

Summary

Gym-based and exercise-based interventions continue to provide high levels of functional return for clients (91–95% over three years). The ABPs are focused on those who need reactivation (work hardening–minimal cognitive support; standard to high levels of cognitive support where pain is the key problem) when work or independence is affected for a period of six weeks or more. We are focused on continuing to improve the quality of our Activity Based Programmes which will continually improve our outcomes with ABPs and med fees patients.

The Professional Development Initiative

PHYSIOSOUTH directors Graeme and Marie Nuttridge have long recognized that encouragement of professional staff to engage in continual ongoing education and involvement in professional growth is essential for the long term health of any physiotherapy clinical environment. The demands of managing a group practice as complex as **PHYSIOSOUTH** and an ongoing patient treatment involvement leaves little time to foster all 15 physiotherapists in their professional development. Early in 2004 Graeme and I met during a conference and discussed my potential move from Auckland to Christchurch after I completed my PhD studies in order to develop and manage a formal, structured professional development program with the **PHYSIOSOUTH** group. Following many meetings and discussions my wife and I moved to Christchurch November 2005 and from mid January 2006 commenced working with **PHYSIOSOUTH**. My role is essentially two-fold:

1. To support Graeme and Marie as a clinical specialist, reviewing patients for **PHYSIOSOUTH** physiotherapists when diagnosis is uncertain and management options unclear.
2. To act as a resource for physiotherapy staff in continuing professional development. This role is complex in that I do not directly supervise physiotherapy staff—they are independent practitioners within the group. My brief is to provide guidance in advanced diagnostics, direction in accessing latest diagnostic and treatment evidence, development and application of electronic and manual assessment tools, and to stimulate debate and enthusiasm for growth as a health care professional.

At this time all physiotherapy staff have had initial interviews aimed at identifying their continuing professional development needs. This is an ongoing process aimed at giving structure and direction towards their goals consistent with each individual's areas of interest.

Clinical Champions

PHYSIOSOUTH recognizes that it is impossible to be an expert in all areas of musculoskeletal diagnosis and therapy. This initiative is aimed at fostering each physiotherapist's special interest area so that all parts of the body and all aspects of care have within **PHYSIOSOUTH**, at least one practitioner is familiar with latest knowledge and evidence. Each clinical champion will regularly update in their chosen area of special interest and feed back information to others within the group. In this manner, **PHYSIOSOUTH** will be able to offer patients, medical practitioners and ACC case managers the highest level of service possible with emphasis on best practice and evidence driven methods of patient management and care.

Overseas Conference update

In March this year I attended the Danish Biennial Scientific Physiotherapy Congress in Odense, Denmark. It was a huge conference with over 1400 delegates from all over Denmark and Europe with some North Americans. The primary keynote speaker was Professor Shirley Sahrman from the USA, who spoke on the role of physiotherapists as diagnosticians, and on specific movement impairments in the hip and shoulder. I also gave a two day pre-conference course and two keynote presentations on the science of diagnostics and its application to painful disorders of musculoskeletal system, especially focused on chronic low back pain. While there are differences in our respective approaches, the similarities between our presentations were striking. We both emphasized the importance of diagnostics in clinical decision making in that diagnosis must be the driving force behind an evidence based approach to selection of therapeutic interventions. We agreed that generic treatments for simple clinical categories like 'back pain', 'knee pain' are inadequate and that the identification of subgroups within these general categories is essential for development of evidence-based clinical reasoning and management. While some research into the reliability and validity of sub-grouping method exists, the amount of quality research is small at this time. More quality research is desperately needed on the development of reliable and valid clinical test procedures and clinical prediction rules.

Dr Mark Laslett

