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| **Document Author** | Jason Ryan | | |
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# Purpose

The purpose of this procedure is to describe the method used within REDIMED for patient referral from Doctor to Physiotherapy to Exercise Physiology. To ensure all departments are aware of this process and that it is obeyed to the best of their ability.

# Scope

**All physiotherapists and exercise physiologists shall identify and be familiar with this document.**

**This procedure shall apply to patients with musculoskeletal injury requiring injury rehabilitation in order to return to work and optimal function.**

**This document covers the clinical process for Acute Musculoskeletal Injury, Acute Musculoskeletal Injury with Neurological Signs and Chronic Pain/Injury.**

**The timeframes for each stage recovery and rehabilitation progression are a guideline only based on medical research and allow for variance in length of injury recovery. The need for ongoing physiotherapy or exercise physiology rehabilitation depends on the type of injury and external factors contributing to patient progress and injury outcomes, where earlier discharge or further referral may be considered based on clinical reasoning of the treating provider and general practitioner.**

# Reference Documents

Department of Commerce, 2014. Work Related Lost Time Injuries and Diseases in WA 2009-10 to 2012-13p Mining Industry Profile. [Online]. 1-12. Available at:

<https://www.commerce.wa.gov.au/sites/default/files/atoms/files/mining_profile_2014_0.pdf> [Accessed 15 December 2014].

REDiMED Physiotherapy/Exercise Physiology Clinical Rehabilitation Pathways:

* Acute Musculoskeletal Injury
* Acute Musculoskeletal Injury with Neurological Sings
* Chronic Pain/Injury

# Definitions

LLC – Lower Limb rehabilitation Clinic: a specialised small group setting program run by a physiotherapist with the purpose to apply specific early stage exercise rehabilitation to lower limb post injury focusing on local stability, strengthening and technique.

ULC – Upper Limb rehabilitation Clinic - Upper Limb rehabilitation Clinic: a specialised small group setting program run by a physiotherapist with the purpose to apply specific early stage exercise rehabilitation to upper limb post injury focusing on local stability, posture, strengthening and technique.

ROM – Range of Movement

RTUS – Real Time Ultrasound, non-diagnostic purpose; aimed at specific assessment and muscle re-training and activation at the early stages of injury rehabilitation. Prior approval from the insurance company is required prior to commencing RTUS.

# Flowcharts (Other Images)

Physiotherapy/Exercise Physiology Rehabilitation Referral Pathway



# Procedures

**Referral Process:**

1. Receive a referral from a GP to a physiotherapist or an exercise physiologist.
2. Exercise Physiologist checks if the patient has had prior physiotherapy and discusses the case with the treating physiotherapist at REDiMED to establish whether rehabilitation is appropriate. If the patient is not suitable for rehabilitation with exercise physiologist, then patient is referred to a physiotherapist given the GP approval.
3. In the Acute phase, Physiotherapist conducts in-room treatment 2x/week to re-establish ROM, biomechanics, control pain; hydrotherapy intervention by a physiotherapist may be appropriate at this stage for pain management or by ex phys for ROM if pain levels are under control.
   1. Acute Musculoskeletal Injury ( first 2-4 weeks)
   2. Acute Musculoskeletal Injury with Neurological Sings ( first 2-6 weeks)
   3. Chronic Pain/Injury Acute ( until at least 80% of ROM restored)
4. In the Sub-Acute phase, Physiotherapist aims to progress the patient to gentle strengthening focusing on technique, posture, and local stability. In this phase the physiotherapist may utilized interventions such as 1:1 gym intervention, RTUS, Pilates or group setting such as LLC and ULC. Exercise Physiologist should be consulted with and given a referral for rehab with expected outline of when physio program will be completed.
   1. Acute Musculoskeletal Injury ( from 2nd – 5th week)
   2. Acute Musculoskeletal Injury with Neurological Sings (3rd- 8th week)
   3. Chronic Pain/Injury Acute ( focus on specific strengthening)
5. In the Recovery Stage, the physiotherapist may have some input if dealing with complex case where specialized training or pain management still required. In this stage primary intervention should be exercise physiologist focusing on higher level strengthening, function and return to work/sport. Exercise physiologist obtains insurance approval
   1. Acute Musculoskeletal Injury ( from 4nd – 6th week)
   2. Acute Musculoskeletal Injury with Neurological Sings (8rd- 12th week)
   3. Chronic Pain/Injury Acute (focus on achieving functional goals and outcomes to enable safe return to work).

# Appendices

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