

Self-Referrals to Occupational Health Physiotherapy Reduces Management Referrals for Musculoskeletal Health Conditions

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Abstract

Original Research Article

Background: Occupational health services face rising demands from an ageing workforce and staffing shortages. Musculoskeletal (MSK) health conditions contributes to significant referrals and associated costs. Consequently, occupational health physiotherapists were introduced to provide multifaceted care. This role is increasingly proving to be both clinically and cost-effective in supporting health and productivity in the workplace. **Objectives:** The purpose of this project was firstly, to determine the number and percentage of clients who, having first seen the occupational health physiotherapist for a MSK health condition via self-referral, then re-attended to see another occupational health practitioner, such an occupational health nurse or physician, via management referral for the same MSK health condition within a 12-week period, and secondly to explore the reasons for re-attendance. **Materials and Methods:** An OPAS-G2 database was used to extract anonymised demographic and clinical data on clients using the occupational health physiotherapy service. The project tracked self-referrals and subsequent management re-referrals across specific time intervals. To ensure accuracy, two reviewers independently audited 10% of the records, testing inter-rater reliability for data extraction and coding. **Results:** Only 26.5% of clients re-attend for specialised management advice, the vast majority successfully recovered, showcasing the vital role and impact of occupational health physiotherapy on successfully resolving the majority of MSK health conditions at the initial stage. **Conclusion:** This high success rate suggests that occupational health physiotherapy serves as a robust frontline defence, effectively addressing MSK health conditions through early intervention before they transition into chronic disability and absenteeism.

Keywords: Physiotherapy, Occupational Health, Self-Referrals, Management Referrals, Musculoskeletal Health Conditions.

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INTRODUCTION

Occupational health practice in the United Kingdom (UK) faces an unprecedented set of challenges. These include an ageing population placing an increase demand on the service, a shortage of suitably qualified healthcare professionals, an ever-increasing workload, and difficulty with recruitment and retention [1]. Musculoskeletal (MSK) health conditions account for a significant amount of the occupational health caseload [2-3]. MSK health conditions are estimated to cost the National Health Service (NHS) £4.76 billion annually, and this is projected to increase further [4]. The purpose of introducing physiotherapists into occupational health departments was in recognition of the increasing burden of MSK health conditions on the workforce and wider health system [5-7]. The occupational health physiotherapy role is multifactorial and involves assessment, diagnosis, treatment, work hardening, work

conditioning, functional capacity evaluations, ergonomic assessments and health promotion outreach programmes, and implementing proactive injury prevention strategies [8]. Since the inception of the occupational health physiotherapy role, there has been an increasing body of evidence regarding its clinical and cost-effectiveness within occupational health departments [8-9]. In addition, high rates of client and manager satisfaction have been reported [10-11]. A potentially important measure of the value of physiotherapists in occupational health departments is the rate at which clients who self-refer to this service, seek re-referral via management referral and re-attend to see another practitioner, such an occupational health nurse or physician. This is a relatively unexplored phenomenon and high re-referral rates via management referrals could indicate either a lack of clinical effectiveness or client dissatisfaction with the occupational health physiotherapy support they received. The purpose of this project was firstly, to

determine the number and percentage of clients who, having first seen the occupational health physiotherapist for a MSK health condition via self-referral, then re-attended to see another occupational health practitioner, such an occupational health nurse or physician, via management referral for the same MSK health condition within a 12-week period, and secondly to explore the reasons for re-attendance.

MATERIALS AND METHODS

Data were collected over a period of 12-months at an occupational health physiotherapy clinic based within a National Health Service Foundation Trust in North London, United Kingdom. This Trust is one of the main healthcare providers within the North London borough of England. Staff members who are eligible can access the occupational health physiotherapy service for work-related or work-impacting MSK health conditions. An OPAS-G2 database was utilised to identify and select employees that attended the occupational health physiotherapy service within the data collection period. Data were extracted and entered into a pre-designed data collection form. Extracted data included demographic data such as age, gender, work status, MSK health condition, and evaluation data included date attended for initial physiotherapy assessment following self-referral and, if applicable, date re-attended for management referral for the same MSK health condition using the

following time intervals: <4 weeks, 4–8 weeks and >8–12 weeks, and reasons for re-referral. No client identifiable data were extracted. Two reviewers conducted an independent review of a random sample of 25 client records (10% of total records) for the purpose of determining inter-rater reliability of the data extraction method. Inter-rater reliability was examined for the coding of the initial attendance, time intervals for re-attendance, and reasons for re-referral. This project was classified as a service improvement initiative and therefore ethical approval was not required [12].

RESULTS

Characteristics of clients

In total, 253 occupational health physiotherapy self-referrals were analysed over a period of 12-months. The demographics characteristics of clients are depicted in Table 1. The mean age of the clients were 49.6 years, and the mean years of employment was 18.3 years. More females (74.7%) presented with musculoskeletal health conditions than males (25.3%). The most common site of pain/injury was spinal (67.9%) and the least reported site were the upper and lower limbs (32.1%). Of those attending the occupational health service for musculoskeletal health conditions, more were at work (88.9%) compared to being off work due to pain/injury (11.1%).

Table 1: Demographic characteristics

Variables	N	%
All clients	253	100
Gender		
Female	189	74.7
Male	64	25.3
Work status		
At work	225	88.9
Not at work	28	11.1
Musculoskeletal health condition		
Spinal	172	67.9
Upper and lower limbs	81	32.1

Inter-rater reliability

The percentage of agreement for the category initial attendance was 100% for the 2 raters, the percentage of agreement for the time intervals for re-attendance was 97% for the 2 raters, and the percentage of agreement for the reasons for re-referral was 96% for the 2 raters. Overall, there was 98% inter-rater reliability agreement for the three variables for the 2 raters.

Client re-attendance data

In total, 67/253 (26.5%) clients re-attended to see an occupational health nurse or physician for the same MSK health condition following an occupational

health physiotherapy appointment. In terms of time intervals, 9/253 (3.6%) clients re-attended to see an occupational health nurse or physician for the same MSK health condition <4 weeks of an occupational health physiotherapy appointment, 17/253 (6.7%) clients re-attended to see an occupational health nurse or physician for the same MSK health condition within 4–8 weeks of an occupational health physiotherapy appointment, and 41/253 (16.2%) clients re-attended to see an occupational health nurse or physician for the same MSK health condition >8–12 weeks of an occupational health physiotherapy appointment.

Table 2: Client re-attendance data

Frequency of re-attendance	
Time intervals	N (%)
<4 weeks	9 (3.6%)
4–8 weeks	17 (6.7%)
>8–12 weeks	41 (16.2%)
Reasons for re-attendance	
Time intervals	Category
<4 weeks	Needing a formal report
4–8 weeks	Assessment for a phased return Evaluate for reasonable adjustments
>8–12 weeks	Equality Act (2010) considerations Capability review Redeployment options

Reasons for re-attendance data

The reason for re-attendance for the same MSK health condition <4 weeks of an occupational health physiotherapy appointment was due to needing a formal report, the reasons for re-attendance for the same MSK health condition within 4–8 weeks of an occupational health physiotherapy appointment was due to needing an assessment for a phased return and to evaluate for reasonable adjustments, and the reasons for re-attendance for the same MSK health condition >8–12 weeks of an occupational health physiotherapy appointment was due to ascertain whether the provisions of the Equality Act (2010) was applicable, for a review of capabilities, and to explore redeployment options.

DISCUSSION

This project demonstrates the high efficacy of occupational health physiotherapy as a primary intervention, with nearly 75% of clients successfully managed without the need for further escalation to an occupational health physician or nurse. This high success rate suggests that occupational health physiotherapy serves as a robust frontline defence, effectively addressing MSK health conditions through clinical management, education, and early intervention before they transition into chronic disability [13]. By capturing 94.5% of clients while they are still at work, the service demonstrates a proactive approach, where the occupational health physiotherapist can modify physical stressors and provide immediate rehabilitation, thereby preventing the cycle of long-term sickness absence.

The relatively small proportion of clients (26.5%) who do require a follow-up with an occupational health physician or nurse highlights a strategic division of labour within the multidisciplinary team. In these instances, the transition to an occupational health physician or nurse is not due to a failure of clinical physiotherapy, but rather a shift in the nature of the case from clinical recovery to statutory and medical-legal management. The low re-attendance rates in the early phases (3.6% in the first 4 weeks) indicate that occupational health physiotherapy is effective for resolving and stabilising the majority of MSK health

conditions. It is only as a case nears the 12-week mark and enters the territory of permanent redeployment or capability that the specialised authority of an occupational health physician is required to mitigate litigation risks and navigate complex capability reviews. Ultimately, these results position occupational health physiotherapy as an essential filter that resolves the bulk of MSK cases, ensuring that higher-level medical resources are reserved strictly for the most complex medico-legal workplace challenges.

CONCLUSION

In conclusion, this project highlights the effectiveness of an occupational health physiotherapy-led self-referral pathway in maintaining a productive workforce for MSK health conditions. By successfully resolving the majority of MSK health conditions at the initial stage, occupational health physiotherapy significantly reduced the burden on occupational health physicians and nurses. This stepped care model ensures that specialised medical resources are strategically reserved for the small minority of cases requiring complex statutory navigation and long-term disability mitigation.

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