

Physiotherapy works ✓

Physiotherapy led rehabilitation is a clinically and cost effective intervention for those patients whose life has been adversely changed by injury, illness or disease.

Rehabilitation

What is rehabilitation?

Physiotherapy rehabilitation aims to optimise patient function and well being, it helps the patient get back to daily activities, work and leisure. Rehab focuses on reducing disability and lifestyle restrictions.⁽¹⁾

Rehabilitation can be used for recovery from injury or disease and also for management of long term conditions (e.g. Parkinsons and MS).

Rehabilitation should start as soon as possible to speed recovery. The programs that combine many different components are likely to be most effective.⁽²⁾ 19 minutes additional exercise a day in an acute or rehabilitation setting is all that is required to achieve:

- improved mobility and activity levels
- shorter length of stay in hospital
- significantly improved quality of life⁽³⁾

Musculoskeletal disorders (MSDs)

Colchester Hospital University NHS Foundation Trust introduced a triage system for staff that were off sick or reporting MSDs. This allowed early access to musculoskeletal physiotherapy rehabilitation services for NHS staff. For MSDs, this led to 53.3 per cent of staff remaining in work, 21.7 per cent returning to work within 8 days with the remainder returning within 30 days. The trust reported a saving of £586,000 over six months on agency staff as a result of the new rehabilitation service.⁽⁴⁾ ▶▶

MSDs account for 30 per cent of primary care consultations⁽⁶⁾

MSDs

- **227,000** people per year have an MSD of the back, **215,000** of the upper limbs or neck and **96,000** of the lower limbs⁽⁵⁾
- MSDs are the most common reason for repeat consultations with GPs, accounting for up to **30 per cent** of primary care consultations⁽⁶⁾
- Within the NHS half of sickness absence is caused by MSDs⁽⁷⁾



Chronic obstructive pulmonary disease (COPD)

A study in 2010 evaluating the effect of pulmonary rehabilitation delivered post COPD exacerbation showed a reduction in re-admissions of 26 per cent with cost effectiveness demonstrated.⁽⁸⁾

Likewise, results of a randomised controlled trial found that for patients chronically disabled by COPD, an intensive outpatient rehabilitation programme, including physiotherapy, decreased hospital length of stay in the long term.⁽⁹⁾

COPD

- One in eight (**130,000**) acute medical admissions in adults is due to COPD⁽¹⁰⁾ making it the second largest cause of emergency admission in the UK⁽¹¹⁾
- The National Institute for Health and Clinical Excellence (NICE) estimates that the direct cost of providing care in the NHS for people with COPD is almost **£500 million a year**. More than half this cost relates to the provision of care in hospital⁽¹¹⁾

Falls

- Half of people who have a fall will fall again within the next **12 months**^(12,13)
- A PCT population of **320,000** is likely to see **1,250** fragility fractures per year, with **360** of these likely to be hip fractures⁽¹²⁾
- Based on 2009/10 costs each hip fracture avoided would save approximately **£10,170**⁽¹²⁾

Falls

NICE guidance requires all older people with recurrent falls, or at increased risk of falling, to be considered for individualised multifactorial rehabilitation including strength and balance training, home hazard assessment and intervention.⁽¹³⁾

Physiotherapy exercise programmes to prevent falls in older people at-risk are cost effective, with a cost per Quality Adjusted Life Year (QALY) of under £10,000. This is well below the level usually considered to be affordable in the NHS (about £20,000 to £30,000 per QALY).⁽¹³⁾

Stroke

Where stroke survivors receive rehabilitation at home or in the community rather than in hospital, this has been shown to be a cost effective when combined with stroke unit care. Early supported discharge (ESD) can reduce long term dependency and admission to institutional care as well as releasing hospital beds by reducing length of stay.⁽¹⁴⁾ Physiotherapists are ideally placed to support individuals in working towards re-ablement and recovery.

Stroke

- The total economic cost of stroke to the UK in 2006/07 was **£4.5 billion**⁽¹⁵⁾
- **110,000** people have a first stroke and **20,000** have mini strokes (TIA) each year. **25 per cent** of these are within the working age population⁽¹⁵⁾

Further information

CSP Enquiry Handling Unit

Tel: **0207 306 6666**

Email: enquiries@csp.org.uk Web: www.csp.org.uk



References

1. Randall KE, McEwen IR. Writing patient-centered functional goals. *Physical Therapy*. 2000;80(12):1197-203

2. Beswick AD, Rees K, Dieppe P, Ayis S, Goberman-Hill R, Horwood J, et al. Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *The Lancet*. 2008;371(9614):725-35

3. Peiris C, Taylor N, Shields N. Extra physical therapy reduces patient length of stay and improves functional outcomes and quality of life in people with acute or subacute conditions: a systematic review. *Arch Phys Med Rehabil* 2011 Sep;92(9):1490-500

4. Employers N. Rapid access to treatment and rehabilitation for NHS staff. London 2012

5. Health and Safety Executive. Self-reported work-related illness (SWI) and workplace injuries: Results from the Labour Force Survey (LFS) - Index of tables London: Health and Safety Executive 2010/11

6. National Institute for Health and Clinical Excellence. Early management of persistent non-specific low back pain. CG88. London: National Institute for Health and Clinical Excellence 2009

7. Health and Safety Executive. Musculoskeletal disorders (MSDs) in Great Britain (GB). London: Health and Safety Executive 2011

8. Seymour JM, Moore L, Jolley CJ, Ward K, Creasey J, Steier JS, et al. Outpatient pulmonary rehabilitation following acute exacerbations of COPD. *Thorax*. 2010 May;65(5):423-8

9. Griffiths TL, Burr ML, Campbell IA, Lewis-Jenkins V, Mullins J, Shiels K, et al. Results at 1 year of outpatient multidisciplinary pulmonary rehabilitation: a randomised controlled trial. *Lancet*. 2000 Jan 29;355(9201):362-8

10. British Lung Foundation. Lost in translation. London: British Lung Foundation 2006

11. Healthcare Commission. Clearing the air: A national study of chronic obstructive pulmonary disease. London: Commission for Healthcare Audit and Inspection 2006

12. Department of Health. Falls and fractures. Effective interventions in health and social care. London: Department of Health 2009

13. National Institute for Clinical Excellence. Falls: The assessment and prevention of falls in older people. CG21. London: National Institute for Clinical Excellence 2004

14. Saka O, Serra V, Samyshkin Y, McGuire A, Wolfe CC. Cost-effectiveness of stroke unit care followed by early supported discharge. *Stroke*. 2009 Jan;40(1):24-9

15. Scarborough P, Peto V, Bhatnagar P, Kaur A, Leal J, Luengo-Fernandez R, et al. Stroke statistics. Oxford: University of Oxford 2009