

## On-Call Physiotherapy – Where are we and what Lies Ahead?

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### Editorial

Physiotherapy has come a long way since its inception during World War II. Various specialisations and specific treatment strategies have transformed the physiotherapist into a specialised clinician. With the growth of professional autonomy in physiotherapy practice, the extended scope of practice came into existence. As the science behind physiotherapy advances, it is expected that physiotherapists will continue to extend their scope of practice through role enhancement and substitution [1]. Extended scope of practice has been defined by the Chartered Society of Physiotherapists as “clinical physiotherapy specialists in any recognised speciality with an extended scope of practice” [2]. With growing emphasis in respiratory care to improve patient outcomes in the acute medical and surgical setting, extending physiotherapy services beyond regular working hours has the potential to contribute towards better clinical outcomes.

On-call physiotherapy or emergency physiotherapy started gaining popularity in the 1980s. However, it was not until 2000 that the term on-call physiotherapy was adopted. This has been defined as “the provision of respiratory/cardiorespiratory/cardiothoracic or combinations of respiratory and orthopedic physiotherapy, out of working hours” [3].

The earliest study identified was done by Holden and Daniele in 1987 where they found that five day and seven day physiotherapy services, for patients with acute orthopedic problems, could be provided with the existing staffing and without affecting the number of treatment sessions [4].

### Existing programs

On-call physiotherapy is a part of care for patients in the UK, Australia, New Zealand and Canada. Current practice guidelines and recommendations have been provided by the Chartered Society of Physiotherapy, UK [5]. Harden et al. [4] in her textbook titled “Respiratory physiotherapy: An on-call survival guide” has meticulously and systematically identified the various acute problems in various settings and has also gone on to describe how a physiotherapist should approach this situation and what treatment options are available in that situation [6].

Surveys on utilisation of on-call services have been done in the past from New Zealand and identified variations in competencies and administrative policies [7]. Nevertheless, the patient benefits obtained with on-call physiotherapy were not assessed. Recently, the effects of on-call physiotherapy were assessed in patients with acute exacerbations of COPD [8]. Benefits in terms of function, peak expiratory flow rate and subjective feelings were seen. A lesser length of stay was observed among patients receiving on-call physiotherapy. However, this was not statistically significant.

### What needs to be done?

On-call physiotherapy does appear to have benefits to patients. However, the experience of staff and training in responding to critical situations is imperative. It is the author’s belief that training at the undergraduate and postgraduate levels will need to focus on on-call training. Self-evaluation of competence evaluations using the ques-

tionnaire developed by the Association of Chartered Physiotherapists in Respiratory Care, can be used for new therapists and as a part of the regular assessment of practicing therapists to identify areas of focused training and skill development [9]. Continuous refresher courses to ensure best evidence based practices, needs to be carried out for all on-call staff. Simulated learning to develop skills in cardiorespiratory physiotherapy can also be considered to promote training of on-call physiotherapists. However, it must be emphasised that this is NOT a substitute for clinical experience!

### The future

With the growing evidence on benefits of various chest physiotherapy techniques, on-call physiotherapy needs to be resurrected. Benefits of these established techniques in the acute setting need to be established. More research on clinical benefits and cost effectiveness are needed with regard to on-call physiotherapy in various clinical settings to determine if such programs are beneficial and cost effective so as to allow insurance companies to include such services under their purview of reimbursement. Based on the findings of Brusco et al. [9], future trials should address the methodological problems with regard to lack of random allocation, lack of blinding, and heterogeneity at baseline.

To conclude, on-call/emergency physiotherapy is a program which tests the clinical judgement of the therapist and requires intensive training with special emphasis training in the areas of cardiopulmonary physiotherapy. Infrastructure and administrative hurdles will have to be overcome in centers initiating such programs.

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