Commentary

Examining the Physician-Physiotherapist Partnership in Treating Sports Injuries in the United Kingdom

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Sports injuries are ubiquitous. They occur irrespective of age[1], race[2], gender or even frequency of sporting activity. Just as the amateur sportsperson is prone to injuries arising from sporadic use[1], the finely honed professional athlete is also susceptible to injury problems associated with muscle and joint overuse[3,4,5].

A prospective study of a cohort of secondary school age children presenting to the accident and emergency department found that sports injuries account for just over half of all injuries in secondary school children[6].

A national study of injuries related to exercise was carried out in England and Wales using a postal questionnaire sent to over 28,000 adults aged 16-45 years[7]. Their findings were as follows: There are 29 million estimated incidents resulting in new or recurrent injuries each year, of which 9.8 million result in new 'substantive' injuries which are potentially serious, result in treatment, or in participants being unable to take part in their usual activities. Over one third of these injuries occurred in men aged 16-25 years. Soccer accounted for more than 25% of all exercise related injuries, but the risk of a substantive injury in rugby was three times that in soccer. The most frequently

reported injuries were sprains and strains of the lower limbs. Treatment was sought in approximately 25% of incidents and 7% of all new ERM incidents involved attendance at a hospital accident and emergency department. The treatment provider most likely to be consulted was a general practitioner, but physiotherapists and complementary medicine practitioners were also consulted frequently.

Most sports-related injuries are musculoskeletal in nature[1] and the vast majority present initially to primary care[2]. According to a study by Abernethy and MacAuley[6], it accounts for approximately 25%-40% of a general practitioner's workload in the United Kingdom. Callaghan and Jarvis[3] pointed out that a multi-disciplinary approach, which utilises the expertise of medical staff and allied health professionals, is required to comprehensively diagnose and treat these kinds of injuries. This needs close collaboration between physician and physiotherapist as both possess complementary skills[3,5,8].

Under the auspices of the various national sports bodies, this intimate partnership has become fundamental to the treatment of injured athletes in the elite sporting arena[2,5,8]. Even in non-elite athletes, research highlights the benefits that this close partnership brings. A recent paper looking at patients with chronic heart failure shows that regular exercise training and advice has been found to reduce both hospital admissions and subsequent mortality[9].

In the National Health Service (NHS), there is a strong case for cross-disciplinary collaboration on the recreational athlete with sporting-related

injuries, even more so with the development of sports and exercise medicine as a recognised medical specialty[10] and general practitioners with a special interest[11] (GPwSIs) in musculoskeletal medicine working either in the hospital or community setting[12].

Some functions both medical and physiotherapy professions perform are similar, such as achieving a firm clinical diagnosis, injury surveillance[4], health advice[13], exercise prescription[14] and future health promotion[13]. This parallel approach to sports injuries can aid patient concordance and decrease treatment duration[3,5].

In the past, only the physician was licensed to initiate basic and specialist radiological investigations, commence and prescribe medication[1], refer to other specialties as required (e.g. for surgical or podiatric input) and generally oversee the whole recovery process, both physical and psychological[8,15]. The physiotherapist, on the other hand, was traditionally able to offer a unique service in the form of joint mobilisation and manipulation, muscle strengthening and postural advice (e.g. Back School), soft tissue massage, neural mobilisation[16,17] and graded rehabilitation.

Change is happening rapidly as the boundaries between both specialties are increasingly being eroded[18] and some of these traditional roles have begun to overlap significantly. Doctors wishing to know more about specialist musculoskeletal examination and osteopathic manipulation are able to enrol for specialist courses and diplomas[19,20,21]. Conversely, in certain parts of the

country, patients attending certain Back Pain clinics are able to obtain physiotherapy-requested MRI scans if necessary[18].

Key Messages

1) Sports injuries are very common.

2) The majority of sports injuries are treated in primary care, where it accounts for a high volume of a General Practitioner's workload.

3) Cross-disciplinary collaboration between doctor and physiotherapist can aid patient concordance and decrease duration of treatment

This is a direct result of successful innovative schemes looking at bridging the interface between primary care/ physiotherapy and secondary care/ physiotherapy services[16,18].To give a flavour of what has been available in the last couple of years, there is a physiotherapy/ GP musculoskeletal clinic (initiated by Somerset Coast Primary Care Trust); PhysioDirect telephone service (Huntingdonshire Primary Care Trust); Multiprofessional orthopaedic triage team (New Forest Primary Care Trust) and Orthopaedic screening service (Hull and East Riding Community Health NHS Trust)[16,18].

These schemes are generally acceptable to most professionals and patients. They improve the patient care pathway, group together expertise, decrease waiting times, GP workload and unnecessary hospital referrals[18]. There have been several stumbling blocks, predominantly with securing funding as well as difficulties for some professionals and patients in having to make a cultural mind-shift and move away from the traditional model of care provided by physicians and physiotherapists[18]. These teething problems are to be expected and can be overcome with reasonable ease.

It is clear that both professions have much to offer each other, not just in the UK but worldwide. This is known by various nomenclature termed 'interprofessional practice/collaboration/education' and already exists in domains outside of the physician–physiotherapist partnership[22,23,24]. It has the potential to encourage learning, change thinking, support new working relationships, and improve client care[24]. Developing interprofessional practice requires a commitment to engage in shared learning and dialogue[24]. It should not be assumed that all health professionals have either the skills or attributes required for interprofessional practice. They may need to learn how to collaborate. However, once established, this continuous process can be good for both professionals and patients alike, helping to cement the good links that already exist between both professions.

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