



**World
Physiotherapy**
Europe region

**Position Statement –
Physiotherapy in Primary Care in the
Europe Region**

Professional Practice Working Group (PPWG)

APPROVED

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Riga, Latvia

POSITION STATEMENT - PHYSIOTHERAPY IN PRIMARY CARE IN THE EUROPE REGION

Europe Region Professional Practice Working Group

This position statement is based on the Europe Region's paper: "Europe Region Statement on Physiotherapy in Primary Care" which can be found in [this link](#).

Physiotherapy in Primary Care is a comprehensive, interdisciplinary, patient centred and community-oriented approach. Primary care is a model that supports first-contact, accessible, continuous, comprehensive, and coordinated person-focused care¹. Physiotherapists' qualifications and their ability to screen/assess², diagnose and provide appropriate treatment or referral³ for musculoskeletal, neurological cardiorespiratory, paediatric and other conditions, have positioned them as important providers of quality health care within the primary care team.

As an effective, comparatively low-cost high-value option, physiotherapy in primary care contributes to addressing the growing demand for health services as well as the increasing costs associated with delivering these services across Europe⁴⁻⁶. The safety and efficacy of physiotherapy in primary care is well established^{7,8}, as is its effect on reducing high and over utilisation of other medical services⁹.

Physiotherapy in Primary Care Models of service delivery vary throughout European countries, ranging from prescribed treatments by a medical doctor to direct access services or self-referral such as walk-in clinics, where patients access physiotherapy services directly, without the need to see a doctor first. Self-referral is the norm in countries like the Netherlands, Norway, Sweden, Malta and the United Kingdom (UK), and self-referral to physiotherapy in primary care has been fully evaluated and is recommended by the National Institute for Health and Care Excellence (NICE) in the UK. It has been shown to reduce waiting times, put patients in control, enabling them to manage their condition and live more independently, and improve health outcomes by preventing acute problems from becoming chronic and reducing long term pain and disability^{10,11}, reduce time off work¹², reduce costs for the National Health Service (NHS) in the UK and reduce rates of medication prescribing¹³.

In General Practice, musculoskeletal conditions account for up to 30% of the General Practitioner's workload¹⁴. Self-referral to physiotherapy has been shown to reduce visits to the General Practitioner, referrals to specialists and prescriptions^{3,9}. In some countries, physiotherapists can enhance services with additional prescribing and injection provision as well as being able to certify fit notes on a person's ability to be in work.

Significant research has shown the effectiveness of physiotherapist management within Orthopaedic clinics, leading to greater patient satisfaction and a greater intention to follow advice and instructions for self-management^{15,16}.

A physiotherapist with additional prescribing and injection training makes decisions analogous to those of an orthopaedic surgeon at initial consultation for orthopaedic shoulder pain, including the safe identification of patients for subacromial injection¹⁵. This model of physiotherapist-led service delivery is safe, effective and can be delivered in primary care settings.

There are numerous studies into the effectiveness of physiotherapist's caseload management in Emergency departments, resulting in referral to primary care services without the need for admission to an acute hospital ^{17,18}.

Studies on managing long term conditions show that primary care physiotherapy provides an opportunity to shape patient-centred care, improve access and offer quality care on the most appropriate level, with associated health and economic benefits. These include prevention, managing falls in the frail population, exercise prescription for people living with cancer, pulmonary rehabilitation classes for people with Chronic Obstructive Pulmonary Disease (COPD), mental health and working with children with gait abnormalities ¹⁹⁻²⁵. Other areas such as neurological conditions, women's health and pelvic health in primary care are developing but need further research.

USEFUL WEBSITES ON PRIMARY CARE

[First contact physiotherapy | The Chartered Society of Physiotherapy \(csp.org.uk\)](#)

[Physiotherapy Works for your community | The Chartered Society of Physiotherapy \(csp.org.uk\)](#)

[European forum for primary care – European forum for primary care \(euprimarycare.org\)](#)

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