World Physiotherapy
Europe region

Guidance document – Empowering Clinicians with Point-of-Care Information Tools

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PURPOSE OF THIS GUIDANCE DOCUMENT

This document aims to support the objectives outlined in the *Position Paper – Enhancing Research Findings Awareness in Clinical Practice in the Europe Region*. That position paper emphasises the urgent need to strengthen the translation of research findings into routine clinical practice across Europe, ensuring that all health professionals can access, interpret, and apply high-quality evidence in real time.

Building on this vision, the present document focuses specifically on Point-of-Care Information (POCI) tools as a practical and scalable policy solution to bridge the persistent gap between research production and clinical implementation. It outlines the scientific rationale, equity implications, economic considerations, and concrete policy actions required to ensure universal access to trusted evidence at the point of care (Appendix 1).

INTRODUCTION

Healthcare today is defined by complexity and speed. Clinicians across all disciplines face an ever-expanding body of medical research, frequent updates to clinical guidelines, and rising patient expectations for safe, evidence-based, and personalised care. Physiotherapists, for example, must integrate rapidly evolving evidence on rehabilitation strategies, exercise protocols, and management of chronic conditions into daily patient care. Yet in practice, providers are expected to make rapid decisions, often within minutes, while managing heavy workloads. Research shows that clinicians typically have less than two minutes to find an answer to a clinical question during a patient encounter (Campbell et al., 2015). Additionally, Physiotherapists frequently cite lack of time and access to evidence as barriers to evidence-based practice (Scurlock-Evans et al., 2014).

Point-of-Care Information (POCI) tools have been developed to address this challenge. These digital resources, such as *UpToDate*, *DynaMed*, and *BMJ Best Practice*, summarize the best available evidence and present it in concise, actionable formats. For physicians, physiotherapists, nurses, and other allied health professionals, POCI tools provide instant access to reliable evidence on topics ranging from medication interactions to rehabilitation guidelines. Unlike traditional textbooks or unstructured web searches, POCI tools are designed for speed, reliability, and direct clinical applicability, helping professionals across disciplines translate evidence into patient-centered practice. Providing concise, up-to-date summaries at the point of care directly addresses core barriers, enabling more consistent and evidence-aligned decision-making, a prerequisite for quality and safety (Scurlock-Evans et al., 2014).

The importance of such tools cannot be overstated. Studies consistently show that access to POCI resources improves decision-making, reduces diagnostic errors, shortens hospital stays, and decreases complication rates (Karimov et al., 2024, Mebrahtu et al., 2021).

1. PROBLEM DEFINITION

The problem is not the lack of high-quality evidence but the absence of universal access to resources that translate this evidence into practice. This delays the implementation of research findings into clinical practice (Kemp 2019). Physiotherapists, like physicians, have very limited time to search for and evaluate primary literature during patient encounters. Without reliable POCI tools, they may rely on incomplete, outdated, or variable local practices.

Subscription costs remain a major barrier, and smaller institutions, primary care centres, and rehabilitation facilities are particularly affected. This inequity translates into variation in care quality: a physiotherapist in a university hospital may have access to a POCI tool summarising the latest evidence on stroke rehabilitation, while a physiotherapist in a rural clinic may not. Patients thus risk receiving different levels of care based not on clinical need but on institutional resources.

2. SCIENTIFIC AND FACTUAL EVIDENCE

Research demonstrates the effectiveness of POCI tools in supporting clinical decisions:

2.1 Improved outcomes in medicine and rehabilitation

Use of POCI tools has been linked to fewer diagnostic errors, shorter hospital stays, reduced mortality, and lower complication rates (Karimov et al., 2024). These benefits extend into rehabilitation, where better-informed treatment decisions can accelerate recovery and reduce secondary complications.

2.2 Efficiency and confidence

Clinicians using POCI resources find accurate answers more quickly and with greater confidence (Bradley-Ridout et al., 2021; Baxter et al., 2022). For physiotherapists, this means having immediate guidance on exercise dosage, contraindications, or progression criteria—without delaying treatment decisions.

2.2 Comprehensiveness

Evaluations of resources such as *DynaMedex* have shown that nearly all real-world questions can be answered, and most answers cite the best available evidence (Wasserman et al., 2024). Physiotherapists can thus consult a single tool rather than attempting to navigate fragmented literature sources.

2.3 Systematic reviews

Independent evaluations rank *UpToDate*, *DynaMed*, and *BMJ Best Practice* among the most rigorous and transparent resources (Campbell et al., 2015; Kwag et al., 2016).

3. SCENARIOS AND EXPECTED EFFECTS

If no action is taken, unequal access will persist. Many physiotherapists and clinicians will continue to rely on outdated sources or unvetted web searches, leading to inefficiencies, variable treatment quality, and inequities across institutions.

By contrast, a universal European access policy would guarantee that all health professionals, including physiotherapists, can use at least one high-quality POCI tool. This would allow a physiotherapist in a rehabilitation ward, for instance, to instantly consult the latest evidence on post-stroke mobility training or ACL injury recovery, improving both treatment outcomes and consistency of care. Integration of POCI tools into electronic health records would further streamline workflows, enabling both physicians and physiotherapists to work from the same evidence-based platform (Marceau et al., 2025).

4. ECONOMIC AND FINANCIAL ANALYSIS

The costs of POCI subscriptions are modest compared to the savings they generate Bradley-Ridout, G., et al. (2021). In rehabilitation and physiotherapy, earlier and more effective interventions reduce hospital stays, prevent long-term disability, and lower the risk of costly re-admissions (Bonis, P.A. et al. 2009, Maggio, L. A et al. 2019). Even a small reduction in recovery time or complication rates translates into significant economic benefits at the system level.

For example, if timely use of a POCI tool helps a physiotherapist apply best-practice mobilization protocols that shorten rehabilitation by just a few days, the savings in inpatient costs quickly exceed subscription fees. On a larger scale, improved return-to-function rates reduce societal costs associated with lost productivity and long-term disability.

A national or regional licensing model would ensure affordability and equity across hospitals, clinics, and rehabilitation facilities (Valtis Y.K et al. 2019).

5. POLICY RECOMMENDATIONS

- Guarantee **universal European access** by ensuring that physicians, physiotherapists, nurses, and trainees all have institutional subscriptions to at least one high-quality POCI tool.
- **Integrate POCI tools into electronic health records**, so health care professionals can access the same evidence base during patient care.
- Negotiate **national and European licenses** to reduce costs and eliminate inequities between hospitals and rehabilitation centres.
- Provide **training and outreach** so that physiotherapists and other allied health professionals can use POCI tools efficiently in clinical reasoning and treatment planning.
- Adopt **clear quality standards** to assess the trustworthiness of POCI resources, safeguarding transparency and methodological rigor.

6. CONCLUSION

Point-of-Care Information tools are essential infrastructure for modern healthcare. They empower all clinicians, to provide safer, faster, and more consistent care by making evidence accessible at the point where decisions are made. In rehabilitation settings, POCI tools ensure

that physiotherapists can rely on the latest evidence when prescribing exercise, planning recovery pathways, or advising patients on return-to-function.

Without universal access, inequities in care will persist, and patients risk receiving variable treatment depending on institutional resources. With universal access, clinicians across disciplines can deliver consistent, evidence-based care that improves outcomes, reduces inefficiencies, and lowers system costs.

The investment is clear: better-informed clinicians lead to safer patients, faster recovery, and more efficient healthcare delivery. The time to act is now.

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APPENDIX 1 - Policy arguments in a nutshell

The Ask

- **Europe-wide free access.** Ensure every clinician in Europe, physicians, physiotherapists, nurses, trainees, can use **at least one accredited POCI tool**. This is core infrastructure, not a luxury.
- **Build it into the workflow. Integrate POCI into EHRs** with single sign-on and context-aware links so answers surface **at the bedside, during the consult, within seconds**.
- **Buy smart, assure quality. Negotiate national/EU licenses**, fund onboarding, and **enforce clear quality standards** (transparent methodology, update cadence, conflict-of-interest policies, multilingual delivery).

Why It Matters (Problem and Equity)

- **Decisions are made in minutes.** Clinicians often have **<2 minutes** to locate guidance. Without embedded, trusted answers, they default to memory or unvetted web searches.
- **Access determines care.** Large centers can pay for subscriptions; many rural, primary-care, and rehabilitation facilities cannot. **Patient outcomes should not hinge on a hospital's purchasing power.**
- **Avoidable variation.** Lack of POCI drives inconsistent practice, undermining safety, efficiency, and equity, the very outcomes health systems are judged on.

What the Evidence Shows (from the cited literature)

- **Better clinical outcomes.** Use of POCI is associated with **fewer diagnostic errors, shorter length of stay, and fewer complications—including mortality.**
- **Speed and confidence.** Clinicians get **accurate, actionable answers fast**, improving confidence and consistency at the point of care.
- **Comprehensive & rigorous.** Leading tools **answer most real-world questions** and **cite the best available evidence**; independent reviews consistently rank **UpToDate, DynaMed, and BMJ Best Practice** among the most robust.
- **Barriers solved at once. Time, language, and access** are the top obstacles; **universal licensing with multilingual delivery** addresses all three.

The Economic Case

- **Low cost, high return.** Licenses are modest relative to the cost of **one inpatient day** or **one avoidable complication**.
- **Rapid payback.** Even **a few days faster recovery** or **small reductions in complications/readmissions** can **recoup site-level license costs**.

- **System-wide dividends.** Consistent, evidence-aligned care yields **faster return-to-function**, **lower disability burden**, and **higher productivity**, benefits that compound across regions.

Policy Options (Choose One or Combine)

1. **EU-level framework agreement** with tiered pricing, member-state opt-ins, and portability across care settings.
2. **National licenses** with **EU co-financing** targeted to small providers, primary care, and rehabilitation centres.
3. **Targeted subsidies/vouchers** for rural and resource-constrained facilities to close the equity gap quickly.
4. **Public–private model:** negotiate **open access for core topics** (e.g., stroke rehab, chronic pain, AMR) with premium add-ons and value-based payments.