

## Transcript - Taking care – World Physiotherapy Day

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8 September 2022

### World Physiotherapy Day 2022

**Tash Miles:** Ahpra acknowledges the Traditional Owners of country throughout Australia and the continuing connection to lands, waters, and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past, present and emerging. Welcome to Taking Care, a podcast of Ahpra and the National Boards. I'm Tash Miles. Today's episode is a celebration of one profession, physiotherapy, to mark World Physiotherapy Day on 8 September. Physiotherapy means many different things to different people, so it's fitting that today we're going to discuss the varied ways that patients can access physiotherapy care. We'll talk about how physios provide person-centred care as well as explore innovations and physiotherapy and what they mean for patient safety. Happily, I'm joined today by guests, who I'm sure will talk expansively, expertly and passionately on these topics. Rachel Nelligan, Cherie Hearn and Kim Burnell, who I'll let introduce themselves, starting with you, Kim.

**Kim Burnell:** Hello everybody. My name's Kim Burnell. I'm an academic physiotherapist and I am Director of the Centre for Health, Exercise and Sports Medicine at the University of Melbourne, where I lead a multidisciplinary team. We do research into mainly musculoskeletal conditions with a focus on osteoarthritis, and I also play a role in leadership, both within the university, but also external.

**Tash Miles:** Thank you. And, Rachel, could you introduce yourself please?

**Rachel Nelligan:** My name's Rachel Nelligan and I'm a clinical physiotherapist and also a research fellow at the Centre for Health, Exercise and Sports Medicine. And my clinical areas are in musculoskeletal rehab, but also pelvic health, and then for the last 10 years I've been working as a researcher in – specifically in osteoarthritis and mainly looking at hip and knee osteoarthritis.

**Tash Miles:** Thank you. And Cherie?

**Cherie Hearn:** My name's Cherie Hearn, and I'm a practitioner member of the Physiotherapy Board of Australia, so I'm a practicing physiotherapist. And I'm the Director of Physiotherapy at the Princess Alexandra Hospital in Brisbane. And I also have arthritis, so severe arthritis, osteoarthritis in my right knee, plus a few other areas due to aging and other conditions.

**Tash Miles:** Thank you, and welcome to the three of you. In recognition that this episode coincides, not accidentally, with World Physiotherapy Day, Cherie, are you giving us a sense of the broad range of context there are of physiotherapy and what some different examples are of where physiotherapists or physios could work?

**Ms Hearn:** I think physiotherapists work throughout the continuum in life's span of healthcare, so you would find, as well seeing physiotherapists in large acute hospitals, in critical care and working in post-surgical, you will see them working in many musculoskeletal areas, and that includes in the hospital, but also in private practices and community centres. There's now more programs out in the community where physiotherapists are available, and also with neurological conditions and paediatrics, so we have a wide and varied work, and I think we're now starting to work in that preventative space and helping with self-care and chronic disease management, which I think is very good.

**Tash Miles:** Rachel, do you have anything to add?

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**Ms Nelligan:** Kim and myself work in research as well, so physiotherapists do work as clinical researchers, but I think interpersonal skills and our problem solving skills really lend well to a diverse range of employment opportunities, so you'll see physiotherapists working in government. Also at the moment you've got start-ups are very popular, so you've got physiotherapists with ideas becoming innovators and starting their own businesses about products and services, where they can see a gap in the healthcare system that they want to address.

**Tash Miles:** And Kim, flipping that over from the patient perspectives, what are some of the many ways that you see patients accessing physiotherapy care?

**Ms Burnell:** As Cherie and Rachel have mentioned, there's a variety of settings that patients can see physiotherapists. Traditionally, which is face-to-face, in person, private practice, hospitals. But I think we've seen now with the pandemic that there's been a shift, and people can see physiotherapists online, either in real time, telephone, video conferencing, or asynchronously with emails, text messages and so forth, so they can interact in a variety of ways. I think we also see them a lot more now with home care, so physios going into people's homes or going into residential care, nursing homes as well to deliver care, so there's a variety of ways that patients can now access physios, I think a lot greater than traditionally.

**Tash Miles:** Thank you. And Cherie, you mentioned that you have osteoarthritis. From a patient perspective, what is the most meaningful way for you to access physiotherapy care, and particularly has this changed over the past couple of years?

**Ms Hearn:** Yes, there's a number of ways now to access physiotherapy, and it could even include doing a Google search to find out some more information. And I think that's the changing landscape, where consumers or myself as a patient can do a Google search and find out some of the latest things, some of the programs that are available, and then I suppose the biggest thing is putting that into action to consumers as following through. But it's finding out exactly where you can go, but also what the evidence is or what the research is saying about different things.

**Tash Miles:** It really changes the patient perspective when you have that access to information. It's more empowering. Rachel, do you have any examples that you've seen bear out either in your research or around you of meaningful access to care in these kind of changing times, where there's been that transition to telehealth versus face-to-face?

**Ms Nelligan:** Yeah. And I think if I reflect when I first got into research, that was looking at a study with physio delivered care for people with knee osteoarthritis via Skype, and that was with Kim leading that study, and that might have been about 10 years ago. And at that point, that was quite novel. But as Kim said, COVID has really shifted how people are willing to accept remote delivery. And definitely that study that we did 10 years ago did show that delivering exercise – physios delivering exercise to people with knee osteoarthritis was effective and helpful. And then as more recently, my PhD work was looking at exercise being delivered by a website, so helping people do self-directed exercise. And with this particular website, we coupled it with a text message program, where people would receive automated messages to help them stick to their exercises, help them adhere to their exercises over a six month period. And with the website and the text messages, we did find that a majority of people had a meaningful improvement in their knee pain and also their ability to do daily activities. And this was resources developed by physios, but they didn't have physios monitoring the exercises. It was fully self-directed, which is quite an exciting study. These are resources that physiotherapists can give to patients so that they can help them self-manage at home without coming into the clinic.

**Tash Miles:** And do you think that it was more effective because it was still multimodal, it was still text message and online?

**Ms Nelligan:** Yeah. I think the text message contact was very important. We did some interviews with people that had used the website and the text message program, and a big part of its success, I think was the text messages helped keep people accountable to the program and people still felt there was someone with them and supporting them.

**Tash Miles:** Cherie?

**Ms Hearn:** I think having those reminders as a consumer, to keep you on track is the one thing, because it's very easy to get off track, so things happen in your life, and you're suddenly off track.

**Tash Miles:** Particularly when it's preventative, so you don't have pain (08:38).

**Ms Hearn:** Yeah.

**Tash Miles:** So the focus for this year's World Physiotherapy Day is osteoarthritis, and we've spoken about it a lot, both through lived experience and also through study and specialities. What is osteoarthritis, Kim?

**Ms Burnell:** Osteoarthritis affects the joints, numerous joints, particularly the hip and knee joints in the lower limb. And it's a process that affects all the different tissues around the joint, so the bones and the ligaments and so forth, where the repair processes are not functioning in the same way. And so the person gets pain, has trouble going up and down stairs or functional activities. They can get stiffness and swelling and so forth. Probably Cherie can tell us a bit more about what it feels like to live with osteoarthritis.

**Ms Hearn:** Yes. I'm probably fairly fortunate in that I haven't had, for the severity of my arthritis – I got it through injury, through sports injury – I think one of the things they don't tell you when you do dancing or sport when you're young is that if you have any injuries or if you've been using your feet a lot, that you start to get pain when you get older. But saying that, for the severity of the arthritis I have in my lateral compartment, which was due to an injury, my pain is probably less than other people, but still it has its ups and downs. Some days it's great, but there's always things about getting up and down stairs and I don't have full – I can't straighten my knee fully, and I don't have full range in bending my knee either, so they're the things that I need to work on. And I think it's really – I've been trying to do things like losing some weight and exercising more, doing a lot of walking or swimming, so some days I can walk fine, other days it's a little bit sore, but also doing a lot of muscle strengthening. And I try and do it with all my joints because I know it's protecting the rest of my body as well.

**Tash Miles:** Kim?

**Ms Burnell:** And I think Cherie's brought up a good point, is that she mentioned about her severity of her osteoarthritis, and I presume she's meaning on x-ray, not necessarily relating to the amount of pain that someone has, and that is a really important point to emphasise because we know that what you see on x-ray doesn't always correspond, so some people can have an x-ray that's got a lot of changes on it, and they don't have a lot of pain, and vice versa. And so you can see osteoarthritic changes in the joint on an x-ray, but the recommendations now are that you don't need an x-ray typically to diagnose osteoarthritis, so you can make a diagnosis of osteoarthritis just on clinical signs and symptoms without the need for an x-ray. So if someone is going off to their GP, they don't need to have an x-ray because, as I've said, x-rays don't relate necessarily to what the person's experiencing, nor do they determine what treatment someone's going to have, and nor do they tell us how they're going to respond to a treatment. I think that's important because x-rays contain radiation and they're costly, and so if you don't need to have one, then best not to be having one.

**Tash Miles:** And, Rachel, why do you think that osteoarthritis is the theme of Physiotherapy Day? What does it represent beyond the details of the condition? What does it mean bigger picture?

**Ms Nelligan:** The treatments that we've talked about, the exercise, weight loss, physical activity, they're lifestyle treatments that can benefit a whole range of conditions, heart health, other joints, other types of arthritis, mental health, so I think osteoarthritis is a good example of the treatments that you can use to improve your overall wellbeing and prevent other conditions such as obesity, as I said, cardiac conditions as well.

**Tash Miles:** And, Cherie, how are you seeing patients and families, other than the examples that you gave about yourself, take responsibility for their health and self-management?

**Ms Hearn:** I think it's much more on the radar now, and I think it's getting that awareness out that I think it's for all conditions and for all health to actually look at what is a healthy weight, how much activity do I need to do, what sort of strengthening I do. So I think the education should be there at a number of levels from your GP to your physio, so the whole health care team. And even public health messaging should be there about prevention. And I think the message is getting through, and I think people are trying to be physically active. And I think with the COVID pandemic, it's sort of made people think, 'Oh, I need to actually get out and exercise' because being locked in the house is not great. So I think in some ways it's brought people to think about their health as well.

**Tash Miles:** And, Kim, on this topic of education and empowering patients and families through information, do you have any examples of how you've seen patients be effectively informed and using that information?

**Ms Burnell:** Yes. I think education is a really key component of treatment management because we know that lack of understanding is a key barrier to people uptaking these core recommended treatments and making lifestyle changes because people don't necessarily understand the importance of them. They may actually have misperceptions about what the condition is. So for example in osteoarthritis, many people think that it's a wear and tear condition, and so therefore by being physically active or exercising, it's bad for the joint because they're going to wear out the joint more. And that misperception can lead people to choose treatments that are not recommended, or progress to surgery and not try those recommended treatments like exercise. So having good, important messaging is key.

And we've just found one of our research projects led by Dr Thorlene Egerton, she compared two forms of education. One was around positive messaging and around creating hope and optimism and a belief that there's something that can be done for osteoarthritis, versus really the same information but in a very biomedical language, which means it was just more about what was happening in the joint and using a lot of those terms around degeneration and so forth. And what she found was that people had much better self-efficacy or confidence to manage their condition and positive beliefs around exercise when that messaging was positive versus the, perhaps the typical language that we used to use. So it's not just also about the information provided, but also the language that's used, which is really important for physios to ensure that they're giving the right message in the right way to help empower patients.

**Tash Miles:** Because it can be an intimidating thing being diagnosed with a condition, and then feeling like you're out of your comfort zone in terms of understanding. And also, that you're experiencing pain, so I can imagine that that would help it become more truly patient-centred. Rachel, did you have anything to add in terms of educating patients and consumers?

**Ms Nelligan:** There is so many sources. I mean now we can go on the internet, there's so many different places we can get our information. And there's so many opportunities where we can see that information conflicts, which can make us quite confused about what lifestyle treatments might be able to help us. I think as physiotherapists, we're in a great position to, as Kim said, use encouraging words, have a good understanding of what osteoarthritis is, and other conditions that we treat, to empower people to self-manage all by choosing the language appropriately that we're going to use.

**Ms Hearn:** As Rachel and Kim have said, it's about explaining and patients understanding first of all what the condition is and why, and then looking at the exercise, physical activity strengthening. I think what's been added is also you can use the technology to give you feedback, to track what you're doing, to remind you, I think all of that just helps you self-manage because you have it all there. You actually know what you're doing. And I think that was one of the hardest things, even when I was doing my own exercises or specific – trying to get the right muscle to work at the right time, is actually having that feedback and knowing you were doing the right thing. I think I've always found that difficult, and I've always been very slow to learn how to get your muscles to work the right way. I was very good at cheating, using the wrong muscles at the wrong time.

**Tash Miles:** I'm glad that it's not just me, it's also physios who can't activate the right muscles. Rachel, could you talk – I know you spoke about the website and text message service, but have you seen any other innovations or things that you would like to see in the future?

**Ms Nelligan:** Yeah. And I think going on from what Cherie and yourself, Tash, have said about sort of activating the right muscles, and the science has shown us in knee osteoarthritis, is there's a whole range of different exercise types that can be really beneficial for people with knee osteoarthritis. So if there's one particular type of exercise that doesn't feel like it's working for you, then try something else, Tai Chi, hydrotherapy, you've got strengthening exercise, you've got walking, so having a step counter and trying to increase the amount you walk. All of these things can be really helpful for people with knee osteoarthritis.

Getting back to the innovations and technologies, I think we did see some great success, as I've already mentioned, with a website that prescribes a 24-week strengthening program for people with knee osteoarthritis. And coupling that with a text message program that provides prompts, but also helped people, if people found they weren't able to do their exercises regularly, it also sent suggestions to help people tackle some of the barriers like 'I forgot' or 'the exercises are causing pain', so it did have quite a bit of education in the text messages as well. So we did find that was very effective.

And Kim has also just completed a study also looking at yoga delivered via a website as well, which was a great study. So again, looking at these different types of exercise and how we can deliver them easily to people, make them more accessible.

**Ms Burnell:** I was going to mention your one that you've just put together, Rachel. Technology allows us to deliver treatments and educational material, and Rachel has just launched the Taking Control of Your Knee Osteoarthritis on FutureLearn, which is an online educational platform. And that is worldwide. And so she's put together a four-week educational program course for patients with knee or hip osteoarthritis. So there, you can get really detailed evidence-based information, and it's free. I think the technologies allow us to deliver at scale a lot of important evidence-based treatments for people with osteoarthritis.

I think one of the ways that physio is changing as well is too, through this becoming greater use of treatments that perhaps weren't traditionally thought to be under the physio sort of banner if you like. And we've done a lot of work looking at training physios to deliver cognitive behavioural therapy, and they delivered that in knee osteoarthritis, and it was shown to be really effective. We're currently doing a study where we train the physiotherapists to deliver a weight loss program, because traditionally physios do think it's important that they give education about weight loss, but they're often unsure about how to do that, and they don't have the skills, or they feel they don't have the skills to deliver a weight loss program and to support weight loss. And obviously there's not as many dieticians around in Australia, and so in some cases, it may be preferable to see a trained physiotherapist in this area who can integrate the exercise and the weight loss together, so we're currently looking at that, and we've trained up physiotherapists to deliver a ketogenic very low calorie diet, and so that'll be interesting to see as well. But I think certainly looking at broadening physiotherapist skills and also moving into prevention as well, as we've been talking about, so that physios can be helping patients with diabetes, other conditions as well, but in that overall wellbeing space.

**Tash Miles:** Thank you. And, Rachel, do you have anything to add about your priorities for the future, maybe also around using technology?

**Ms Nelligan:** Working towards prevention and ways that we can encourage people to make healthy lifestyle changes across all chronic conditions, or regardless of chronic conditions. And I think technology can definitely help us. I think different approaches work for different people. And I think technology just gives us more tools in our toolbox of different options that we can give patients to help support them.

**Tash Miles:** Cherie?

Ms Hearn: I think the future is being a partner with patients, it's looking at the full package, the full – the broad package about what you would need to prevent and also to help with your arthritis. Partnering with technology. Yeah, I think just being a partner in the health journey for patients.

**Tash Miles:** Thank you Rachel, Kim and Cherie for joining me today to celebrate World Physiotherapy Day, but to also talk about osteoarthritis and innovations, and the physiotherapy profession and how it's changing.

**Ms Burnell:** Thanks, Tash, I found it really interesting.

**Ms Nelligan:** Thanks so much, Tash. It was great to be involved.

**Ms Hearn:** It's been very good chatting with you all today. And happy World Physiotherapy Day.

**Tash Miles:** And thank you for listening to Taking Care. It's not just this episode, you can explore our back catalogue and of course please do subscribe wherever you get your podcasts. If you have feedback or questions, email us at [communications@ahpra.gov.au](mailto:communications@ahpra.gov.au). Take care.

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