

**Does appointment duration for musculoskeletal outpatient physiotherapy or occupational therapy in primary or secondary care settings, have an effect on managerial, clinical or patient outcomes**

**Clinical bottom line**

We were unable to answer our question as to whether appointment duration for musculoskeletal outpatient PT or OT has an effect on managerial, clinical or patient outcomes.

A review of the literature between 2005-2010 provided no new evidence to answer this question.

**Criteria for Critically appraised Topic**

<b>Population</b>	Musculoskeletal outpatient appointments including physiotherapy and occupational therapy
<b>Intervention</b>	Time allocation
<b>Comparison</b>	Usual practice or other models
<b>Outcome</b>	Management outcomes (e.g. capacity and demand) Clinical outcomes Patient outcomes

**Search Terms used**

The following databases were searched:

Cochrane, Pedro, NHS Library for Health, Medline, Cinahl, Embase, Psycinfo, Clinical Evidence, Bandolier, NELH, Professional websites, guidelines, NICE. HTA, management databases, DH website

**The following types of study were used**

All types of study, no restriction given

**Excluded**

Letter, opinion, grey literature, not English language, non human

## Included

Adults

## Key words searched

Appointments, physiotherapy physical therapy, consultation, primary care, secondary care, assessment, follow up, musculoskeletal, occupational therapy, low back pain, musculoskeletal pain, chronic pain, shoulder pain, neck pain, knee pain, foot pain, ankle pain

**Original search for the past 20 years i.e. 1985 – 2005**

**An updated search was undertaken between 2005-2010**

## Available Evidence

Database (Specific to your CAT)	Number of relevant abstracts	Relevant abstract identified in review (Jan 2010)
Clinical evidence	0	0
PsychInfo	0	0
AMED/ CINAHL/ Embase	0	0
PEDRO	0	0
Medline	0	0
Cochrane	1	0
Other	1	0
<b>Total</b>	<b>2</b>	<b>0</b>

## Results

2 papers were found that could potentially answer the CAT. These 2 papers were assessed for quality and appropriateness to the CAT by the research facilitation group using the critical appraisal skills programme (CASP) checklist, group discussion and consensus.

## **Implications for practice**

Having review and analysis of the available evidence we found that the survey evidence tells us what is happening in clinical practice i.e. 40 minutes for NP and 25 minutes for follow-up and also highlights that appointment times do not depend on skill-mix or levels of experience.

Good practice points were:

- Ensure appointment times reflect the client base you treat.
- Explore what it is patients want to know from you during the consultation.

## **References**

Ball J, ACPM/CSP Working Party, Recommendations for calculating physiotherapy staffing for GP referred musculoskeletal outpatient services, Based on a survey of NHS regions throughout the UK, 2002

Wright W, Hopkins R, Burton K, How long should we talk to patients? A study in doctor-patient communication, Annals of the Rheumatic Diseases, 1982, vol 41, pg 250-252