

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

Population	Musculoskeletal outpatient appointments including physiotherapy and occupational therapy
Intervention	Time allocation
Comparison	Usual practice or other models
Outcome	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
Total	2	0

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