

Do physiotherapy telephone consultations for adult patients with musculoskeletal conditions affect patient satisfaction, condition specific outcomes and healthcare utilisation?

Clinical bottom line

There is an insufficient evidence base to answer the question.

Population: Adults with musculoskeletal / orthopaedic conditions in Primary and Secondary Care

Intervention: Telephone triage / consultations

Outcome: Patient satisfaction, health utilization, outcome of consultation, condition specific outcome measures, GP consultations

Excluded: Children

Databases Searched: Cochrane, Pedro, Medline, Amed, Cinahl, Embase, PsycInfo, Clinical Evidence, Bandolier, NELH, Professional websites, Guidelines, NICE, Management databases

Date of search: 10 years i.e. 1996 – 2006

Types of studies: systematic reviews, randomized controlled trials, patient satisfaction studies.

Key words searched: adult, telephone service, telephone consultation, telephone triage, telephone advice, physiotherapy, musculoskeletal, back pain, shoulder pain, elbow pain, wrist pain, hip pain, knee pain, ankle pain, neck pain, whiplash, arthritis, patient satisfaction, outcome measures, primary care, secondary care

Available evidence:

Database (Specific to your CAT)	Number of relevant abstracts
Clinical evidence	
Cochrane	1
AMED/ Embase/Psychinfo	
British nursing index	1
PEDRO	1
Medline	1
NELH/Bandolier/NICE/Guidelines	1
Professional websites/Management databases	
Total	5

Results:

4 papers and one systematic review were highlighted that potentially could answer the CAT. Two clinicians reviewed the abstracts and assessed their relevance to the question. Articles were assessed for quality and appropriateness using the critical appraisal skills programme (CASP) checklist plus discussion and consensus.

Articles assessed:

Ouellet et al 2003. Post discharge telephone follow up for orthopaedics surgical patients; a pilot study

Examines effectiveness of follow up telephone call to patients discharged following orthopaedic procedure. Elective and emergency cases included, Canadian study. Followed up at 24-72 hours then at 4 weeks. Pilot for protocol used in intervention. Identified issues patient experienced with discharge. Most could be managed by a nurse.

Hughes et al 2002. Review of the function of a telephone helpline in the treatment of out patients with RA

To examine effectiveness, cost effectiveness and patient satisfaction with telephone based helpline. Audit of type of problem included as well as patient satisfaction questionnaire. Patient very satisfied with the helpline, with 60% stating they would have made appointment with GP if helpline wasn't available

McGinley et al 2006. Telenursing: A pilot of telephone review after intra-articular injection

This was designed to test whether it was practical and appropriate to follow up patients by telephone rather than a clinic visit 3 months after a knee injection. Results indicated that the service could reduce clinic waiting times without compromising quality of patient care. Highlighted was ensuring nurse practitioner time for telephone follow-up.

Taylor et al 2002. Patient satisfaction with a new physiotherapy telephone service for back pain patients.

This was a randomised controlled trial to investigate patient satisfaction with a physiotherapy telephone advice in addition to standard management for back pain. It concluded that it did improve patient satisfaction. This study scored low for methodological quality on Pedro. (Eligibility criteria :Yes; Random allocation: Yes; Concealed allocation: No; Comparability :No; Blind subjects: No; Blind therapists: No; Blind assessors: No; follow-up :No; Intention-to treat analysis: No; Between-group comparisons: Yes; estimates and variability: Yes

Bunn et el 2004. Telephone consultation and triage: effects on health care use and patient satisfaction. Cochrane Review

The objective of his review was to assess the effects of telephone consultation on safety, service usage and patient satisfaction and to compare telephone consultation by different health care professionals. The six studies included in the review involved doctors, nurses or health assistants. Telephone consultation appeared to reduce number of surgery contacts and out-of-hours visits by general practitioners. It is unclear whether this was just delaying visits to a later time.

Conclusions:

One Cochrane review which looked at telephone consultations did not show any evidence for physiotherapy or musculoskeletal conditions. The only randomized controlled trial involving physiotherapy was of poor methodological quality but showed patient satisfaction with the service. Other studies were pilot studies and involved nurses, again patients expressed satisfaction with the service.

Most of the evidence supports nurse led telephone consultations and triage.

Implications for practice:

Telephone triage and consultations are becoming popular in physiotherapy. More well conducted research is urgently needed in the management of musculoskeletal conditions in physiotherapy.

References:

Ouellet L L, Hodgins M H, Pond S, Knorr, S, Geldart G. Post-discharge telephone follow-up for orthopaedic surgical patients. *Journal of Orthopaedic Nursing* 2003; 7: 87-93

Hughes R A, Carr M E, Huggett A, Thwaites C E A. Review of the function of a telephone helpline in the treatment of outpatients with rheumatoid arthritis. *Ann Rheum Dis* 2002; 61:341-345

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