

Guidance on the referral of patients between physiotherapists and fitness instructors

Produced by The Chartered Society of Physiotherapy
and Fitness Industry Association Joint Working Party

*'Lack of activity destroys the good
condition of every human being, while
movement and methodical physical
exercise save it and preserve it'*

Plato (427 - 347BC)

*'Being physically active is crucial to good health.
If a medication existed that had a similar effect on
preventing disease, it would be hailed as a miracle cure.'*

Sir Liam Donaldson, CMO Department of Health, 16th March 2010

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BACKGROUND

The joint working party of the Chartered Society of Physiotherapy and the Fitness Industry Association was established early in 2010 to:

- identify and review issues of mutual concern
- explore ways in which physiotherapy and the fitness sector can work together for the benefit of patients
- develop patient referral pathways between physiotherapists¹ and fitness instructors²
- develop advice for general practitioners and other health professionals on appropriate referral to physiotherapists and fitness instructors.

Planning, supervising, delivering and monitoring exercise are key parts of the roles of fitness instructors and physiotherapists. Traditionally physiotherapists have worked predominantly in functional rehabilitation and treatment in the health sector, using manual therapy, exercise and movement, electrotherapy and related methods of treatment. Whilst fitness instructors have traditionally worked with healthy clients, often guiding them towards specified fitness goals. However, over the last 15 years roles have evolved. Fitness instructors work increasingly with patients with medical conditions and in rehabilitation, and physiotherapy services are increasingly delivered in primary care, non-health settings and in prevention and health promotion.

While this widening and overlapping of respective roles has undoubtedly benefits for patients, it has also caused confusion not only between the two professions but also for medical and other health practitioners, in that it is not always clear to whom a patient should be referred.

Often patients drift between physiotherapists and fitness instructors seeking advice on exercise. It is important therefore for each professional to make it clear to a patient when it would be more appropriate to see a colleague.

¹ A physiotherapist registered with the Health Professions Council

² A fitness instructor registered with the Register of Exercise Professionals (REPs) with a Level 3 Exercise Referral or Level 4 Specialist Exercise Instructor qualification.

GUIDELINES

The objective of working jointly with a physiotherapist and fitness instructor is to establish exercise, an active lifestyle & healthy nutrition as the normal and sustainable life style of a patient. The working party is providing non-prescriptive guidance to support this joint working. We recognise that the indications for referral may vary with different conditions and that they are often dependent on the availability of services locally. We also recognise that services maybe in place where fitness professionals and physiotherapists work alongside one another as part of a multidisciplinary team and that in these cases formal referral may not be required. Nevertheless, we recommend the following five broad principles:

- A physiotherapist is best placed to manage exercise programmes where pain or decreased function limits the activities of daily living; where there are multiple pathologies or the underlying condition is poorly controlled, or where biopsychosocial factors need to be addressed.
- A fitness instructor is best placed to manage exercise programmes where the condition is under reasonable control with reasonably normal function and where further progress in function and fitness is likely.
- Each professional should carry out their own set of assessments to ensure they start the fitness/treatment programme at the correct level.
- If the condition deteriorates, the client should be referred back to the most appropriate health professional.
- Referrals between fitness instructors and physiotherapists should always be documented and structured, containing all the relevant information about the client, including their consent to being referred.

The case studies provided in this guidance are examples of how the guidance may be applied to three conditions. Please note that the case studies are not an exclusive list of applicable conditions. Appendix One contains a list of conditions covered by a Level 3 qualification in Exercise Referral or a specialist Level 4 qualification.

APPLYING THE GUIDELINES: Rheumatoid arthritis (RA)

The benefits of exercise in RA are well established but the inappropriate use of exercise may also result in a worsening of symptoms and possible further joint damage. Different approaches are required at different stages of the disease.

Role of a physiotherapist

Management by a physiotherapist is necessary:

- when the disease is active either before effective treatment has been established or during flare ups
- where the disease is advanced and has caused significant joint deformities
- after joint replacement

Physiotherapy management consists of advice on managing 'flare ups' and protecting joints from stress or strain particularly at this time. Advice will be given on pacing activity, managing fatigue and encouraging patients to be as active as possible whilst finding a balance between rest and exercise.

Role of a fitness instructor

Referral to a Level 3 or 4 Exercise Referral qualified fitness instructor is appropriate when the disease is well controlled by disease modifying drugs, is quiescent or symptoms are mild and not significantly interfering with the normal activities of daily living. The goal is to achieve a long term, sustainable improvement in all the components of fitness that is aerobic fitness, muscle strength and endurance, flexibility and motor function. A programme of regular exercise is required with the following elements:

- low-impact moderate intensity cardiovascular work for a total of 150' a week
- resistance exercise twice a week
- regular stretching
- exercises which improve balance and coordination

Weight should also be monitored and advice given about maintaining healthy eating.

APPLYING THE GUIDELINES: Low back pain

Low back pain affects more people in the UK than any other form of mechanical injury. Therefore it is vital that we approach this condition as a team. As the term low back pain can cover so many varying presentations, the following is a generic guide only.

The management of low back pain may involve:

- Settling the acute inflammatory stage with the use of physiotherapy, medication and avoiding aggravating activity
- Restoring normal mechanical function of the spine through joint mobilisations, exercises and possibly neural mobilisations
- Appropriate exercise which may include mobility, strength, flexibility and control

Who is responsible for what stage of recovery is dependent on the individual's skill set. In general:

Role of a physiotherapist

The role of the physiotherapist is to:

- Settle the inflammatory stage
- Regain normal joint mechanics through manual therapy techniques and other skills
- Prescribe exercise appropriate for the individual
- Education on prevention and managing low back pain in the future
- Where appropriate, address the psychological and social determinants of the client's low back pain and risk factors for related preventable diseases, referring to support services as necessary.

Role of a fitness instructor

Referral to a fitness instructor is appropriate when the pain and dysfunction are stable. No significant or deteriorating neurological symptoms should be evident. The fitness instructor's objective is to enable the patient to increase their overall levels of fitness and adopt a sustainable healthy, active lifestyle.

APPLYING THE GUIDELINES: Soft tissue injury in those already undertaking regular exercise

The management of soft tissue injuries requires localised treatment and the use of progressive exercise to enable the injured person to recover full function.

Role of a physiotherapist

During the acute stage of inflammation (typically the first 10-14 days in a Grade II soft tissue injury), the physiotherapist will use localised treatment, including controlled exercise, to provide the optimum environment for healing to take place. The physiotherapist will also ensure that cardiovascular fitness is maintained - providing this is not detrimental to the injured tissues. Management by a physiotherapist is necessary if:

- the injured tissues remain inflamed
- there is localised muscle spasm
- there is pain on active or passive movement

During tissue repair and the resolving stages of inflammation (typically 14 -21+ days in a Grade II soft tissue injury), the physiotherapist will use exercise and other appropriate treatments to help regain all the components of fitness. The physiotherapist will also determine any predisposing factors to the injury and, where necessary, instigate advice and/or exercise to prevent or reduce the possibility of reoccurrence. Where appropriate the clinician will also address identified risk factors for preventable diseases, referring to support services as necessary.

Once recovery has occurred and function returned to normal, the physiotherapist may refer the patient to a fitness instructor, qualified at Level 3 Fitness Instructor or above.

Role of a fitness instructor

The goal of this stage is to return the person to their pre-injury level of fitness and where necessary and appropriate to improve them beyond pre-injury levels in order to minimise the risk of reoccurrence.

Depending on baseline fitness levels and exercise goals a period of collaboration between the physiotherapist and fitness instructor can happen at an earlier stage in the rehabilitation process. Collaboration is also dependent on the level of qualification of the fitness instructor and the confidence and competency of the physiotherapist regards the components of fitness.

Sample referral communication

Date
Name of Person Referring to
Address
Post code

Dear (Insert name of Colleague referring to)

Client/patient name

Client/patient D.O.B

Presenting symptoms or diagnosis

Thank you for your assistance in the management of X.

Assessment:

The reason for referral:

Thank you very much for your assistance in the management of X. I would welcome the opportunity to speak with you at your convenience. I can be contacted on

Kind regards,

Your details.

IX..... consent to this communication.

Signature and date _____

APPENDIX 1: Competencies of Exercise Referral fitness instructors

Level 3 Exercise Referral instructors work with low risk patients with the following conditions:

Respiratory Conditions

- Asthma or chronic obstructive pulmonary disease (COPD)

Cardiovascular Conditions

- Hypertension or hypercholesterolaemia

Musculoskeletal Conditions

- Osteoarthritis; rheumatoid arthritis; joint replacement; simple mechanical back pain or osteoporosis

Psychological/Mental Health Conditions

- Depression; stress or anxiety

Metabolic/Immunological Conditions

- Type 1 and Type 2 Diabetes
- Obesity

Level 4 Specialist Exercise Instructors are able to demonstrate that they have met the Level 4 National Occupational Standards in one or more medical areas.

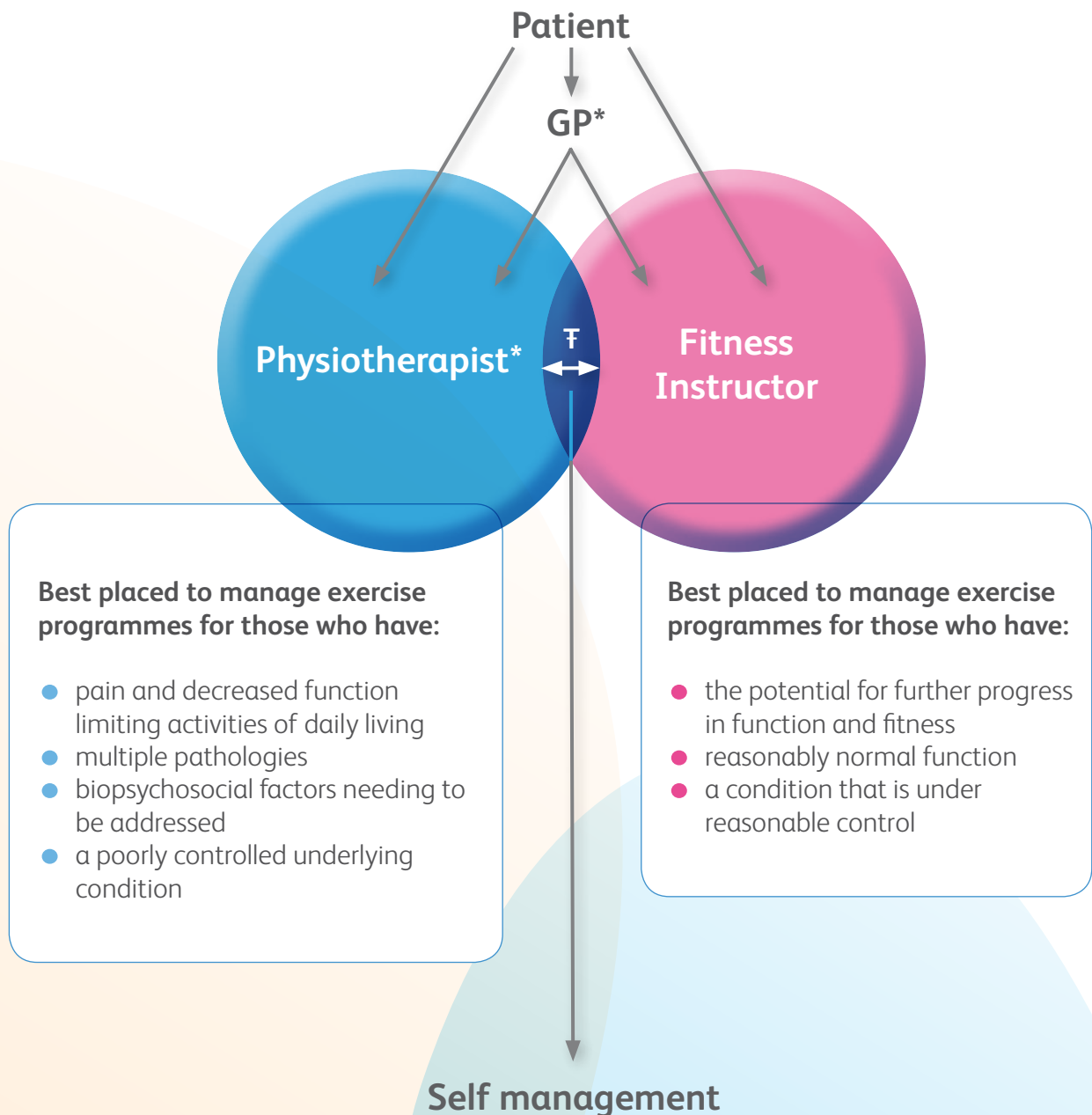
Specialist exercise professionals are working within the healthcare sector and are also providing an interface between clinically led exercise and community based exercise programmes by designing, delivering, monitoring and evaluating structured, individualised physical activity programmes for clients.

Additionally, they have a range of appropriate knowledge and skills that are aligned with current evidence based, best practice guidelines regarding the effects of exercise on the specific conditions for which they are qualified to work.

The specialist medical areas covered by the specialist exercise instructors are:

- Cardiac Rehabilitation
- Falls Prevention
- Low Back Pain
- Stroke
- Cancer
- Accelerated Rehabilitation Exercise
- Obesity and/or Diabetes
- Mental Health
- Chronic Disease

APPENDIX 2: Primary care exercise referral model



*Refer to secondary care as appropriate

\mp Not all public sector physiotherapy services accept referrals from fitness instructors. In these cases, the fitness instructor should advise the client to self-refer or request a GP referral.