

Section 4: Rehab in primary care

REHAB IN PRIMARY CARE

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INTRODUCTION

Primary care is one element within the primary health care model. While primary health care refers to an approach that encompasses a broad spectrum of services that contribute to health (e.g., income, housing, employment, etc.), primary care refers to services that are specifically focused on health, including those aimed at health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury.¹ There are several different approaches to delivering primary care services, some of which include access to interprofessional teams (e.g., family health teams and community health centres).^{2,3}

As the first point of entry into the health care system for clients, primary care can play a large role in connecting individuals to rehabilitative care services to support health promotion and maintenance, disease and fall prevention, management of chronic conditions/illnesses as well as assessment and treatment of impairments as a result of injury, illness and or hospitalization. Rehab professionals include audiologists, dietitians, kinesiologists, occupational therapists, physiatrists, physiotherapists, rehabilitation nurses, social workers, speech-language pathologists, as well as other regulated health professionals as described in **Section 3: About rehab professionals.**

Health care providers working within primary care can find information on rehabilitative care programs and services at rehabcareontario.ca. This resource, developed by the Rehabilitative Care Alliance, provides information on rehabilitative care for specific conditions and regions across Ontario.

PATIENT AND SYSTEM-LEVEL BENEFITS OF REHABILITATIVE CARE

The following are examples of the role that rehabilitative care can play in primary care to achieve patient and system level benefits.

- **Patients with chronic conditions** are high users of health care, and although they may be a small proportion of the family physician's caseload, they require a disproportionate amount of time owing to the complexity of their conditions and the need for intensive management, case coordination, coaching and support.⁴ In Canada, 70% of Canadians 45 years or over have two or more chronic diseases and 80% of adult visits to general practitioners (GPs) in Canada are due to chronic disease management.⁵ Patients with chronic diseases often have more functional impairments and fluctuations in their health than other patients and require more care coordination. These patients require fully integrated care using a team-based approach involving primary care and rehabilitation professionals.⁴ Rehabilitative care has been shown to be effective in the prevention and management of chronic conditions (e.g., hypertension, emphysema, Type 2 Diabetes, Parkinson's, multiple sclerosis, arthritis) and optimizing quality of life.⁶ Regular exercise, which is often prescribed as part of a rehabilitative treatment plan, is widely accepted as an essential lifestyle behaviour that contributes to chronic disease prevention and management.⁷
- **Patients with a cancer diagnosis** are now living longer. As survival rates for many types of cancer increase, many cancer diagnoses can be viewed as a chronic illness involving multiple phases. Accordingly, the expectations of patients have shifted as well; patients want to live a full and active life. As the population ages, the incidence rate for cancers is expected to rise, and older patients often have multiple comorbidities and higher risk of disability.⁸ It is expected that two in five Canadians will develop cancer in their lifetimes.⁹ Rehabilitative care is an essential core component to cancer care.¹⁰ It can address the symptoms and functional issues that may arise from the illness and/or its treatment.⁸ Common symptoms include pain, weakness, lymphedema, anxiety and depression, loss of mobility and independence, fatigue and sleep disruption — all of which affect an individual's ability to participate in self-care, activities of daily living, daily routines, work and avocational activities. These can be improved through rehabilitative care.⁸ Symptoms including anxiety and depression, fatigue, physical functioning and quality of life have shown improvement in cancer patients who are prescribed and/or participate in various forms of exercise.^{11, 12}

- **Seniors experiencing falls** accounted for 81% of injury-related hospitalizations among seniors over 65 years of age in 2017/18.¹³ Rehabilitative care in the forms of multifactorial risk assessment, multiple-component group and home-based exercise programs, and home safety assessment and modifications are effective in reducing the rate and/or risk of falls.¹⁴ Long-term exercise (i.e., over one year or more) significantly reduces the risk of falls and injurious falls in individuals 60 years or older.¹⁵ Structured exercise intervention that is tailored to the individual's physical functioning and interests reduces the risk of falls.¹⁶
- **Patients with dementia** can also benefit from rehabilitative care. Studies have shown the effectiveness of occupational therapy for individuals with mild to moderate dementia living at home. An occupational therapist can evaluate the impact of impairments on activities of daily living, modify the home environment, teach compensatory strategies and also train caregivers on effective supervision methods. Psychosocial counselling with caregivers has been shown to delay the need for nursing home placement for people with dementia.¹⁷ It has also been shown that individuals with hearing loss have an increased rate of developing dementia and a more rapid rate of cognitive decline.¹⁸ Audiologists therefore play an important role in mitigating the effects of hearing loss by conducting hearing assessments, prescribing hearing aids and providing education on hearing impairment and the wearing of hearing aids. There is some emerging evidence suggesting that physical exercise may be helpful for increasing executive function in older adults with Alzheimer's Disease who live in the community.¹⁹
- **Patients with low back pain** who have early access to physiotherapy for the treatment of non-specific lower back pain reduce the use of high cost medical services (i.e., imaging services, radiography and ED visits) and overuse of pharmacological treatment. Individuals with early access to physiotherapy had an 89% lower likelihood of receiving an opioid prescription. As lower back pain is reported as the most common type of pain experienced by patients in the U.S. and the highest contributor to years lived with a disability, early access to rehabilitative care provided by a physiotherapist benefits the patient and the health care system.²⁰
- **Seniors wishing to age in place** can benefit from individualized rehabilitative care services, such as occupational therapy, to increase or maintain their level of independence with activities of daily living (e.g., dressing, bathing, toileting, walking) and instrumental activities (e.g., shopping, food preparation) and also reduce the need for conventional home care supportive services. The focus of the rehabilitative care services may include optimizing strength, balance and endurance; supporting chronic disease self-management; providing nutrition management; identifying assistive devices and modifications to the

home environment to increase safety; and providing strategies to reduce social isolation.^{20, 21} In addition, individualized exercise prescription and programing facilitates optimal physical functioning in older adults.²²

- **Patients with musculoskeletal conditions** can benefit from physiotherapy assessment and treatment, as well as kinesiology interventions and exercise conditioning. Experienced physiotherapists have been shown to be more knowledgeable in the management of musculoskeletal conditions than medical students, physician interns and residents, and all physician specialists excluding orthopaedists.²³ Physiotherapy treatment has been shown to reduce or eliminate neck pain, muscle weakness and loss of stability.^{24, 25} It can reduce disability, promote recovery from injury and reduce the risk of re-injury and sports-related injuries. Exercise therapy as a physiotherapeutic rehabilitation intervention reduces pain and improves activities of daily living in patients with musculoskeletal pain. It has also been shown to decrease workplace claims and loss of worktime and increase physical functioning and earlier return to work.^{24, 26} Kinesiologists who provide exercise intervention and conditioning promote safe movement mechanics, lowering the rate of injury and re-injury.²⁷
- **Integration of a physical therapist into primary health care benefits patients, providers and the overall system.** Patient access to physiotherapy in community health centres has resulted in improved function, reduced pain, high satisfaction rates ($\geq 96\%$ satisfied/very satisfied) and increased access to physiotherapy services. From a provider and system perspective, the presence of physiotherapy within primary care has resulted in a high rate of satisfaction among physicians and nurse practitioners (97%), a reduction in the number of appointments with physicians and nurse practitioners for pain medication and/or reduced function and mobility (76%); a reduction in pain medication prescriptions (58%); and more appropriate referrals to specialists (76%).²⁵ Providing direct access to physiotherapists in primary care as the first point of contact for simple to complex musculoskeletal conditions has been shown to reduce the need for primary care involvement²⁹ and costly investigations (e.g., MRIs).³⁰

REHABILITATIVE CARE CONSIDERATIONS

Rehab post-injury/illness

Rehab post-injury or illness	
Patient characteristics	<p>Examples of patients seen in primary care post-injury or illness:</p> <ul style="list-style-type: none"> • Patients who have experienced a sudden onset, life-altering disability who may or may not have required hospitalization • Patients following injury or surgical procedure who have functional impairments resulting in decreased function (e.g., in activities of daily living, mobility, communication, cognition, swallowing)
Patient population examples	<p>Patient populations include, but are not limited to those who have experienced:</p> <ul style="list-style-type: none"> • Brain injury, stroke, cancer, spinal cord injury, musculoskeletal conditions/injuries, multi-system complex health conditions, falls/fractures, work-related injuries
How rehab can help	<ul style="list-style-type: none"> • The role of rehab may include providing assessment and treatment of ongoing functional impairments and optimizing community reintegration and overall quality of life. This may include, but is not limited to: <ul style="list-style-type: none"> ○ Assessing and developing treatment plan to address functional impairments, as needed ○ Linking patients with wellness/health promotion programs ○ Promoting adaptation of/to the home environment ○ Increasing self-management skills ○ Providing patient/caregiver education to enhance coping with impairments, activity limitations and participation restrictions. <p>Note: For patients who are being seen in primary care following hospital discharge, primary care should confirm with patients whether they have had any rehabilitative care already or if rehab referrals have been initiated.</p> <ul style="list-style-type: none"> • For information on the role of rehab in inpatient settings, see Section 5 of the primer. • For information on the role of rehab in community-based settings, see Section 6 of the primer

Rehab post-injury or illness	
Rehabilitative care considerations / recommendations	See Appendix A: Primary care rehabilitative care considerations
Where to access rehab	<p>Information on rehabilitative care programs and services can be found on the Rehabilitative Care Alliance’s rehabcareontario.ca website. Information can be found for specific regions.</p> <p>For information pertinent to rehabilitative care post-injury or illness, look for information under the following categories:</p> <ul style="list-style-type: none"> • Hospital-based outpatient rehabilitative care and subcategories such as: <ul style="list-style-type: none"> ○ Hospital-based outpatient therapy ○ Specialized clinics and services • Community-based rehabilitative care and subcategories as applicable. In-home rehabilitative care can also be found under this category. • Condition or population-based rehabilitative care

Rehab for progressive/chronic conditions

Rehab for progressive/chronic conditions	
Patient characteristics	<ul style="list-style-type: none"> • Patients with a chronic disease/condition or multi-system complex conditions • Patients may be experiencing a flare-up or worsening of symptoms due to a debilitating event or progressive condition • Caregiver strain or burnout should be taken into consideration
Patient population examples	<ul style="list-style-type: none"> • Patients with a chronic disease or condition (e.g., arthritis, pain syndrome, diabetes, chronic obstructive pulmonary disease, congestive heart failure and coronary arterial disease, certain types of cancer, multiple sclerosis and other neurological conditions etc.)

Rehab for progressive/chronic conditions	
How rehab can help	<ul style="list-style-type: none"> • Assess impairments or disability • Triage for the need for surgical assessment and/or specialist referral • Provide consultation regarding patient’s functional needs/status • Provide treatment to improve, develop or restore lost or impaired function and reduce risk of hospitalization • Provide intermittent re-assessment/treatment and/or periodic oversight to maintain and/or prevent further decline • Increase self-management skills and assist patient in optimizing independence, maintaining activity and quality of life • Assess need for and use of assistive devices • Provide education to caregivers on illness/condition and provide strategies to optimize their support efforts and lower stress
Rehabilitative care considerations / recommendations	See Appendix A: Primary care rehabilitative care considerations
Where to access rehab	<p>Information on rehabilitative care programs and services can be found on the Rehabilitative Care Alliance’s rehabcareontario.ca website. Information is available for specific regions.</p> <p>For information pertinent to rehabilitative care for progressive/chronic conditions, look for information under the following categories:</p> <ul style="list-style-type: none"> • Hospital-based outpatient rehabilitative care and community-based rehabilitative care. Subcategories include: <ul style="list-style-type: none"> ○ Hospital-based outpatient therapy and community-based therapy ○ Prevention and education ○ Specialized clinics and services • Condition or population-based rehabilitative care

Rehab for Prevention

Rehab for prevention	
Patient characteristics	<ul style="list-style-type: none"> Seniors with multiple co-morbidities and complex health needs Patients presenting with a change in functional status or functional decline or would benefit from prevention of re-injury of an MSK issue Individuals living in the community (home, retirement homes, LTCHs) who have functional goals that can be met by participating in group intervention, including falls prevention classes
Patient population examples	<ul style="list-style-type: none"> Seniors with multiple co-morbidities and complex health needs may be at risk for falls Patients presenting with a change in functional status or functional decline who may be at high risk of not living independently
How rehab can help	<ul style="list-style-type: none"> For seniors at risk of falls, rehabilitative care involves conducting a physical and cognitive examination in addition to an individualized risk assessment (e.g., review of environmental hazards) and using the findings, as needed, to prescribe an exercise program (e.g., strength training, balance and gait training); advise on the use of assistive devices; and provide education on how to improve environment safety, change positions safely, manage weather conditions and reduce the fear of falling. Patients who may be at high risk of permanent loss of living independently in the community or of institutionalization if nothing is done, may benefit from a coordinated rehabilitative care approach to address a change in functional status. The RCA's Direct Access Priority Process supports early identification of individuals with restorative potential who require inpatient rehabilitative care and facilitates referrals directly from the community. Rehabilitative care can be provided to maintain and/or to prevent a decline in functional/clinical status as a result of de-conditioning, a health condition, pain or aging. It can help to optimize independence, reduce the risk of injury and maximize overall quality of life. This may include, but is not limited to: <ul style="list-style-type: none"> Linking patients with wellness/health promotion programs Assessing barriers/risks to patient's ability to maintain independence Promoting adaptation of/to the home environment Increasing self-management skills

Rehab for prevention	
	<ul style="list-style-type: none"> ○ Providing patient/caregiver education to enhance coping with impairments, activity limitations and participation restrictions.
Rehabilitative care considerations / recommendations	<p>RCA pathway to rehabilitative care for frail older adults presenting to Primary Care post-fall RCA's Direct Access Priority Process RCA checklist to rule out acute cause of recent functional decline NICE guideline-falls in older people: assessing risk and prevention (June 2013)</p> <p>See also Appendix A: Primary care rehabilitative care considerations</p>
Where to access rehab	<p>Information on rehabilitative care programs and services can be found on the Rehabilitative Care Alliance's rehabcareontario.ca website. Information can be found for specific regions and conditions.</p> <p>For information pertinent to rehabilitative care for prevention, look for information under the following categories:</p> <ul style="list-style-type: none"> ● Community-based or hospital-based rehabilitative care <ul style="list-style-type: none"> ○ Rehabilitative care: community-based prevention and education ○ Rehabilitative care: specialized clinics and services ● Community-based rehabilitative care <ul style="list-style-type: none"> ○ Rehabilitative care: fall prevention programs ● Condition or population-based rehabilitative care

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