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# Musculoskeletal Physiotherapy Screening Clinic and Multidisciplinary Service (MPSC-MDT)

Initiative Type

Model of Care

Status

Close

Added

31 January 2018

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URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/musculoskeletal-physiotherapy>

## Summary

Orthopaedic consultants perform the initial referral triage with advanced physiotherapists then triaging the Category 2 and 3 referrals that could potentially benefit from non-surgical management. Category 2 & 3 patients are streamed to the non-operative pathways receive a comprehensive

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physical assessment by an advanced scope musculoskeletal physiotherapist, and coordination of a care plan (sent to the patient's general practitioner) to support clinical management in the community. Education provided by the physiotherapist assists the patient to effectively self-manage their condition in collaboration with their GP. If surgical review is indicated based upon the MPSC assessment, patients are re-directed back to the orthopaedic clinic. Additionally, patients with issues of concern or ambiguity can be discussed with orthopaedic consultants close to the point of care. The MDS component of the model is focused upon treatment, largely provided for patients who have exhausted Medicare subsidised alternatives or are considered too complex to be treated in the community. MDS offers physiotherapy, psychology and/or dietetics. CPC in use: [Orthopaedics](#)

## Key dates

Jul 2014

Dec 2016

## Implementation sites

Nambour General Hospital / Sunshine Coast University Hospital

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## **Aim**

The overarching aim of the Musculoskeletal Physiotherapy Screening Clinic and Multidisciplinary Service (MPSC-MDS) model was to increase patient access to the most appropriate care for the patient's specific condition; i.e. surgical intervention or non-operative management.

## **Benefits**

The benefits associated with the MPSC-MDS model include:

- Comprehensive patient-centric assessment and management planning
- Doubles orthopaedic outpatient throughput with low re-referral rates (4%)
- Reduced appointment waiting times for patients and increased surgical conversion rates
- Released consultant capacity to see more complex patients and those most likely to require surgery
- Builds relationships between multidisciplinary team members through skills recognition and application

## **Background**

The allied health led musculoskeletal outpatient service model began its evolution in 2012 in response to an increasing orthopaedic referral caseload. The increasing demand was predicted to be unsustainable into the future and new solutions to address demand were sought. Senior clinicians agreed that many patients referred did not require specialist review or surgical intervention, and that a sizeable proportion of patients could be streamed to alternative care pathways. With the support of the executive and operational teams, a model of care was developed in March 2014 to stream and screen patient referrals to operative and non-operative pathways in order to increase patient access to treatment; reduce the volumes of patients waiting beyond clinically recommended time frames for an initial service event; and expedite those patients in need to surgery. In 2016 the service became the Musculoskeletal Physiotherapy Screening Clinic and Multidisciplinary Service (MPSC & MDS)

## **Solutions Implemented**

Musculoskeletal Physiotherapy Screening Clinic and Multidisciplinary Service.

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## Evaluation and Results

- Improved patient access - doubled orthopaedic outpatient throughput with low re-referral rates (4%)
- Long wait reductions across all urgency categories
- Surgical conversion rates for new appointments increased
- High clinician, GP and patient satisfaction
- The model lends itself to uptake of the screening and treatment components, or a scaled approach

## Lessons Learnt

- Executive and orthopaedic consultant support was critical
- Appropriately skilled leader to enact the model, ensure actions / timelines achieved, risks are mitigated and to report on KPI's
- Physiotherapists with advanced musculoskeletal practice skills were essential to appropriately assess and then treat patients (where required)
- Ongoing communication with stakeholders within the HHS and in primary care was essential to support patient and clinician understanding, acceptance and uptake of the model. The General Practice Liaison Officer role was pivotal
- Clearly defined processes and protocols supported decision making and enhanced efficiency

## Further Reading

[Sunshine Coast Hospital Presentation: Musculoskeletal Pathway of Care \(MPC\)](#)