

PHYSIOTHERAPY

# GP placement guide - student toolkit

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# What is primary care

Primary care are health services based within community and are where the public should look to seek initial advice and treatment. The aim of primary care is to provide an easily accessible route of care for the public's health concerns. Services are more generalised and so do not provide specialist care. Primary care services provide basic care and so will refer to secondary care services if more specialised support is required. Examples of primary care services are General Practice (GP), Dentistry, Opticians, and the Pharmacy.



# Physiotherapy in primary care

Some GP clinic will have a physiotherapy team that will manage the long term care of musculoskeletal and some neurological patients. They are an extension of outpatient physiotherapy but primarily obtain most of their referrals from the GP they are situated at.

## Responsibilities

1 Assess

2 Educate

3 Advise

4 Treatment

# First contact practitioner (FCP)

FCP's are often clinicians that were expert musculoskeletal physiotherapists. This is a new role developed to reduce the demands of the GP. These practitioners are able to consult with patients to identify whether they will need further physiotherapy or a referral to the GP or other health care teams.

## Responsibilities

1 Assess

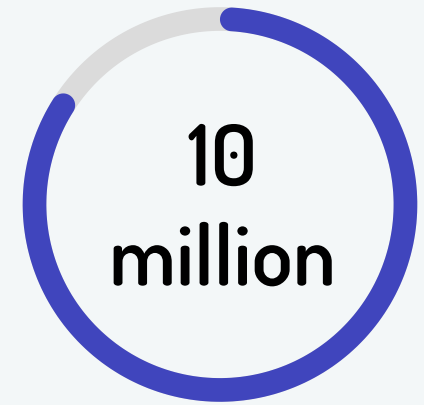
2 Educate

3 Advise

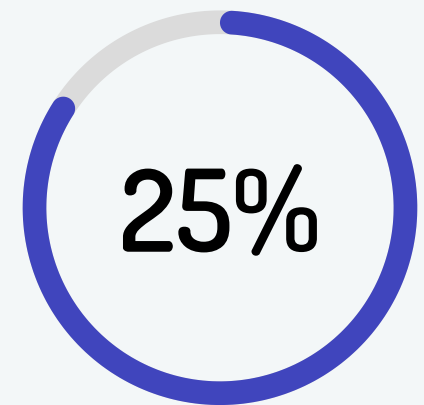
4 Triage

# The importance of the FCP role

Musculoskeletal (MSK) pain conditions greatly contribute to the years someone lives with disability and number of working days lost, with these conditions managed by both primary and secondary care. The demand for musculoskeletal care services is expected to grow due to obesity becoming more prevalent and an ageing population (Babatunde, 2020). This means there is an ever increasing pressure on the GP services. The FCP role was introduced to help alleviate the demand of primary care services. MSK conditions account for 1 in 5 of every GP appointment (CSP 2021), with most of these patients being referred on to Physiotherapy. FCPs allow patients to have initial consultations with a Physiotherapist rather than a GP, meaning patients receive appropriate advice and care quicker, making a more efficient and cost effective approach.



lost working days. Making musculoskeletal conditions the second most common reason for sickness certification. FCP's may help to reduce this as patients are managed more efficiently



cheaper for the NHS when a patient self refers to physiotherapy compared to the GP.

# Preparing for placement

## **KNOW YOUR ANATOMY**

Peripheral joints and the spine

## **TAKING HISTORY**

HPC, PC, PMH, DH, SH

## **OBJECTIVE ASSESSMENT**

Observation, ROM, Special tests

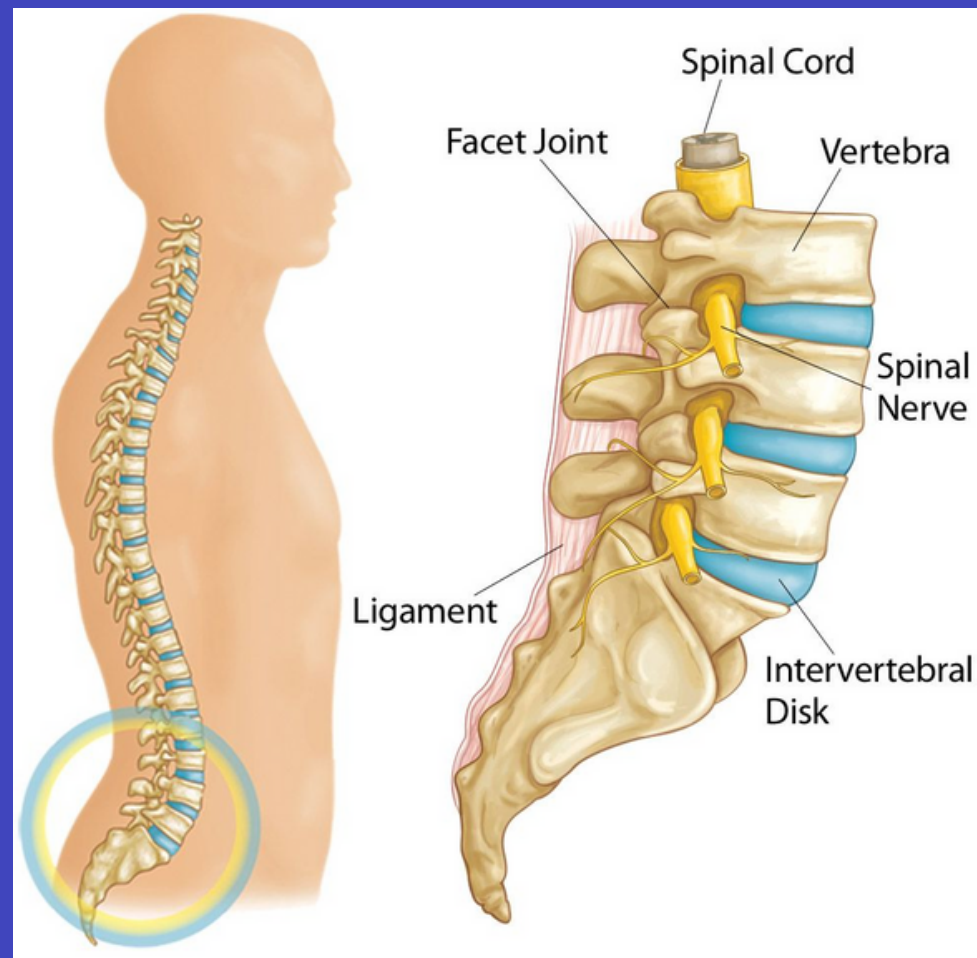
## **RED FLAGS**

General/Cervical/Lumbar

## **TREATMENT MODALITIES**

Exercise, heat, cold, manual handling, kinesio tape, ultrasound, and acupuncture

# KNOW YOUR ANATOMY



Knowing your anatomy can help you understand a patient's condition but also help you to determine what structures could potentially be affected.

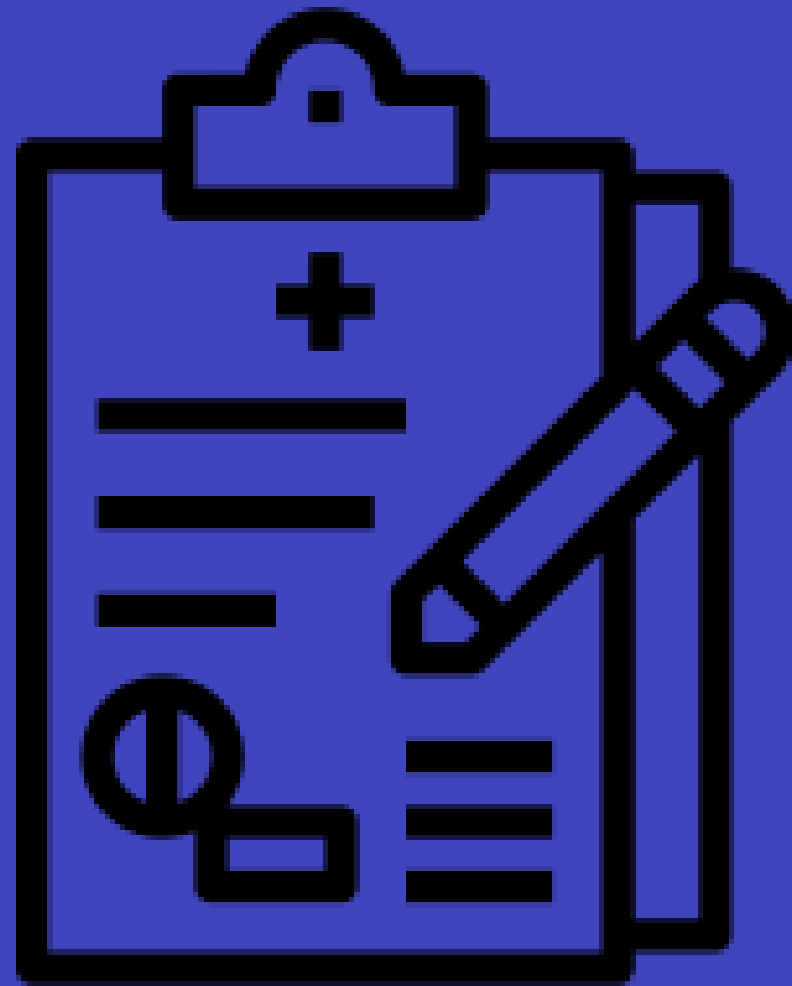
eg. knowing the structure of the lumbar spine can help you to understand why bending forward may be painful for someone with a disc herniation but eases the pain for someone with a spinal arthritis.

or

knowing the structure of the knee can help you differentiate whether a patient is suffering from a meniscus or ligament injury.

You should treat a placement within a GP as a musculoskeletal rotation. This means you should revise the structures of the cervical, shoulder, elbow, wrist/hand, lumbar, hip, knee, and ankle/feet. Specifically looking at the bones, ligaments, joints, muscles and tendons for each region.

# SUBJECTIVE ASSESSMENT



This is where you try and gather as much information as you can from the patient in order to form a hypothesis of what you think the problem is.

HPC - When the problem occurred?, How it occurred? (mechanism of injury), Interventions or investigations already undertaken, and is the problem getting better or worse.

PC - Body Chart, Aggravating factors, Easing factors, and Diurnal pattern

DH - Painkillers (Can be used to see whether there is improvement), Steroids (risk of osteoporosis), Anticoagulants (contraindication to acupuncture)

SH - Office based or manual labour. Identify hobbies.



# OBJECTIVE ASSESSMENT



The objective assessment should be used to test your hypothesis from the history of the patient. When conducting your objective assessment you should have an idea of what results will be produced from the technique you have used

eg. Choosing to conduct a straight leg raise should elicit similar symptoms to the patients complaint.

If the tests chosen do not fully support or provide enough evidence towards your hypothesis then you should look to consider other options to what the problem could be

eg. the patient may of complained of hip pain but when assessing active range of movement the patient reports of pain in the lumbar spine or the knee etc. The primary problem may then be at the lumbar spine or knee but pain is being referred towards the hip. The focus of the assessment should then be adapted to the patient's responses.

# RED FLAGS



Knowing your red flags is essential as it is vital to the proper management of a patient's condition. Red flags help a clinician to screen patients from sinister pathologies. This is important so that patients can be directed to appropriate care.

General:

Constant pain that gets progressively worse

General malaise

Unexpected weight loss

Night sweats

Widespread change of sensation

Pain Bilaterally

Cervical:

5 D's and 3 N's

Lumbar:

Saddle Anaesthesia or bowel and bladder incontinence

# TREATMENT MODALITIES



Learning basic strengthening, mobility and stretching exercises for each joint ie. cervical, shoulder, elbow, wrist, lumbar, hip, knee, and ankle will be useful in helping you treat patients. You should learn proper technique so you may correctly educate patients in order to produce the greatest results. Understanding how to regress or progress exercises is essential to the management of a patient. You should consider their capability and what their goals as individuals are. Think about close/open chain, base of support, and the FITT principle.

This placement enables you to observe and practice a broad range of treatment modalities. You will be able to practice manual therapy techniques such as massage, trigger pointing, joint gliding, and the application of both ultrasound and kinesio taping.

Don't forget the importance of reassurance. Educating patients about their condition and telling them what they can or can't do and when they could potentially get better can have a powerful influence on their recovery. Your words matter so be careful how you communicate and consider how you come across to the patient.

# STUDENT TESTIMONIES

During my placement at Northgate my practice educator and other physios spent the time to develop my skills of interviewing. The subjective element is so important and initially I would ask all the questions we were taught at uni but with no clear aim. My biggest take away was to develop a hypothesis early on and to test the hypothesis. The skills from uni such as epidemiology of pathologies, signs and symptoms, pain patterns should help form the hypothesis.

A good understanding of an objective assessment would be very important. Physios at Northgate helped develop these skills and I continue to practice them regularly. Myotomes and dermatome testing, reflexes and what the results mean. Special tests, when to use them and the influence of the results in the overall assessment based on the specificity or sensitivity of the test used.

Once the objective assessment is complete and you have either ruled in, or ruled out your hypotheses, having an idea of treatment or referrals. Knowledge of good exercises to prescribe for common pathologies, when to massage, tape etc.

A big takeaway from this placement was being taught and seeing first hand the influence of psychosocial factors. As students it's very difficult to delve into this area as we are limited by our interviewing skills and pattern recognition due to lack of experience but one quick question such as "was anything else happening in your life around the time of the pain starting" may open the patient up to talking about a stressful event in their life.

Daniel Gilbert

# STUDENT TESTIMONIES

I would say do not be afraid to ask questions, some of the methods and cases the guys there use and encounter are very advanced and at times can be difficult to make sense of, so make sure you ask if you're not sure on something because they are always more than happy to explain.

I would also recommend asking the physios what books they would recommend reading. Trying to decide which topic to research and what specific literature can be difficult, so asking them for guidance is a good idea. Going away and doing some research of your own will be very beneficial to your development.

My final piece of advice is not being afraid to make mistakes. When I was there I would worry I was doing something wrong/my assessment going in the wrong direction. However, looking back, the physio I would be working with would not let me go far off track, and would step in and assist where necessary, so go with your instinct and don't be afraid to make mistakes.

Josh Albone

# TIPS FROM OTHER STUDENTS

- Smile and be friendly with patients, building rapport is everything
- Learn common red flags, such as cauda equina symptoms
- Learn patterns of pain and what they mean and when they are sinister.
- Research aggravating and easing factors and how that relates to pathologies as this will shape your hypothesis.
- Know how to assess each limb properly.
- Research exercises for common physio complaints and make sure you can demonstrate them. Have a progression or regression plan.
- Create illness scripts of common pathologies
- Know the timelines for healing of bones, ligaments, tendons and muscles
- Practice gait analysis
- Practice palpation and know the common landmarks well.
- Work within your scope of practice.

# RESOURCES

## Website:

- CSP (2021) 'Physiotherapy in primary care - summary briefing'  
Available at: <https://www.csp.org.uk/professional-clinical/improvement-innovation/first-contact-physiotherapy/physiotherapy-primary-care>

## Journal Article:

- Babatunde, O., Bishop, A., Cottrell, E., Jordan, J., Corp, N., Humphries, K., Hadley-Barrows, T., Huntley, A and Windt, D., (2020) 'A systematic review and evidence synthesis of non-medical triage, self-referral and direct access services for patients with musculoskeletal pain' PLoS ONE, 15(7)

## Book:

- 'Basic biomechanics Musculoskeletal system' Margareta Nordin and Frankel Victor H

## Youtube:

- 'Clinical Physio' playlist for each region assessment