

1.1 PURPOSE

The purpose of this policy is to provide guidelines to assist physiotherapists considering the application of new or non- traditional interventions.

1.2 SCOPE

This policy applies to any person practising physiotherapy in NSW.

1.3 EXPECTED OUTCOMES

These guidelines are not intended to limit innovation nor the development of the profession through extending the scope of practice. They are however, intended to ensure that any new intervention is supported by evidence of efficacy, safety and effective resource utilisation.

1.4 DEFINITIONS

"Interventions" means any assessment procedure, treatment, re-evaluation, or any ongoing advice or instruction.

2. PROCEDURE

When introducing new or non traditional interventions into an area of clinical practice the responsibilities of the physiotherapist are to:

- 2.1 Independently determine the strength of the evidence in support of the new or non traditional intervention
 - a) The potential harm
 - b) The level and number of research papers examining the efficacy of the intervention
 - c) The strength of the effect and the consistency of the findings between studies
 - d) The cost benefits
- 2.2 Ensure that their skills, resources and infrastructure are adequate to ensure the safety, effectiveness and efficiency for each individual client
 - a) The physiotherapist should have received at least an acceptable amount and standard of training required to apply the intervention safely and effectively
 - b) Any support staff involved in the introduction of the interventions should also receive adequate training
 - c) When available, the physiotherapist should have received the proper qualifications or credentialing to perform the intervention
 - d) The physiotherapist should be prepared to apply the intervention with minimal risk of adverse outcomes
- 2.3 Inform the client of
 - a) Any conflict of interest in terms of any relationship between the physiotherapist and the supplier or other significant party; or of any financial involvement in the introduction of the intervention
 - b) All costs associated with, and specific to, the choice of treatment. ie costs which may vary or be considerably more than the usual treatment choices
 - c) The strength of the evidence supporting the intervention
 - d) The risks and benefits of this and alternative therapies and an opportunity to decline the intervention.

- 2.4 Use the intervention within certain parameters including
 - a) A complete assessment having been performed
 - b) Other interventions having been considered
 - c) Objective and attainable goals and timeframes having been established prior to beginning the treatment
- 2.5 Measure and evaluate the response of each client to the new or non traditional intervention including:
 - a) Establishing systems to collect outcome data prior to the introduction of the intervention
 - b) Providing data collected to be reviewed by peer and independent groups
 - c) Participating in continuing review and research into the efficacy of the intervention
- 2.6 Discontinue the use of the intervention, if it is evident that the intervention is not effective or has undesirable associated effects.
- 2.7 Apply to the relevant ethics committee if in doubt about the appropriateness of the intervention.
- 2.8 Apply sound and fair business practices
 - a) Charges to the client should be based on the physiotherapist's regular payment schedule
 - b) Advertising and marketing activities are consistent with legislative and ethical restrictions
 - c) No unverifiable claims are made.
- 2.9 Communicate treatment recommendations with the referring and related practitioners, particularly when they are different to those requested.
- 2.10 It is the responsibility of the physiotherapist to determine that there is not any legal restriction to the practice.
- 2.11 It is the responsibility of the physiotherapist to ensure they have adequate professional indemnity insurance cover with respect to the new intervention, and to ascertain the position of their insurance company with respect to any new intervention(s).

It is recognised that in emergency situations a physiotherapist may have a duty of care to provide a service for which that physiotherapist has undergone training but is not yet officially credentialed.

3. REFERENCES AND RELATED POLICIES

- CS Area Health Service: Policy for the safe introduction of new interventional procedures into clinical practice
- Clinical Practice Statement #10 (issued November 1998) College of Physical Physiotherapists of British Columbia