

Dear HPRAC:

Thank you for the opportunity to respond to the Physiotherapy proposal on interprofessional collaboration.

I am a physiotherapist working in a private practice Orthopaedic setting in Thunder Bay. While many of my patients are self-referred, a significant portion of my caseload is also derived from physician referrals as well as referrals from other healthcare practitioners. I believe communication between these individuals is a key component of achieving successful outcomes in my patients.

I wish to share an actual clinical scenario I have experienced. While this scenario actually occurred, I'd like to stress that similar circumstances happen fairly regularly in my practice.

A patient whom I was treating had been referred to me by his family physician for a knee injury. During the course of my treatment, my clinical examinations led me to believe this person had a likely tear to one of the a menisci (cartilage) in his knee. There are two primary ways to confirm this: arthroscopy and MRI. In order to maximize healthcare efficiency, the most appropriate course of action would be for me to order the MRI and await the results. Should these results show a tear then I could communicate this diagnosis to the patient and at this stage, referral to an orthopaedic surgeon would likely be warranted. I could then initiate this referral. All the while throughout this process I would ensure, through either telephone calls or written communication, that the patient's family physician was kept abreast of the patients' activities. This entire process would occur while the individual was still under my care and, based on current wait times for MRI in Thunder Bay, would take approximately 2 months from the time of referral for the MRI to the time of referral to the specialist. If at any time I felt the circumstances were extending beyond my level of training and experience, I would refer the individual back to their physician.

Unfortunately, despite my expertise and education being consistent with the ability to order MRI's for injuries that fall under my scope of practice, I am unable to do so. Nor can I refer directly to a physician specialist. Instead, I must refer the individual back to their GP (with a note from myself explaining my findings) who then orders the MRI. Once I obtain a copy of the MRI report showing a meniscal tear, I am forbidden to communicate this information to the patient as this would constitute "communicating a diagnosis". The patient must wait for another appointment with their GP before he or she would be entitled to know what is wrong with them. A specialist referral can also then be made. This process adds anywhere from one to three months of additional waiting, due entirely to the two to six week wait to see your family physician for each visit. I would also add that approximately 30% of Thunder Bay residents do not have a family physician and in these circumstances I have no choice but to send the patient to a walk-in clinic where they see a physician who has no knowledge of the patient and their injury. In extreme cases, patients have been required to go to the emergency department at the local hospital. This entire process adds to healthcare wait times and costs and unduly stresses the patient.

Physiotherapists are primary access providers in the province of Ontario. Despite this, we continue to be hampered by legislation that prevents us from practicing to our fullest potential. I strongly support the joint submission on Physiotherapy as I feel it not only recognizes

our current level of education and expertise but would also enhance collaboration between professions to the betterment of patient outcomes.