Direct access and self-referral to physical therapy:
key facts and references
Direct access and self-referral to physical therapy is clinically and cost effective and results in satisfied patients/clients.

**Some key facts:**

- Direct access and self-referral puts patients/clients in control of their care.
- Patients/clients who refer themselves to physical therapy:
  - are more proactive;
  - are more autonomous in making health decisions;
  - take less time off work;
  - return to work sooner;
  - are more likely complete a course of treatment;
  - are more interested in self-management; and
  - are more satisfied with their care.
- Direct access and self-referral saves money through:
  - reducing costs of seeing other health professionals eg general practitioners/family physicians;
  - less prescribing;
  - less investigations;
  - less secondary care;
  - reducing costs to society eg through time off work; and
  - less administration costs.
- Direct access and self-referral does not lead to increased demands for services if they are adequately resourced.
- Direct access and self-referral is not just appropriate for musculoskeletal services but across areas of practice.
- Research to date has focused on musculoskeletal patients.
Reference list

These references provide evidence of the clinical and cost effectiveness of self-referral/direct access physical therapy services, as well as the political and professional context:

- Department of Health. *Self-referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services*, Department of Health; London, UK; 2008.


• Swinkels ICS, Leemrijse, CJ and Veenhof, C. One year of direct access to physiotherapy [Dutch]. Nederlands Tijdschrift Voor Fysiotherapie 2007;117(5):158-165.


• Tepper DE. Reimbursement victories: direct access and others. Physical Therapy Magazine 2003;11(3):42.

• Turner D. An exploratory study of physiotherapy telephone assessment... Including commentary by Foster NE. International Journal of Therapy & Rehabilitation 2009;16(2):97-105.


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