

# Evidence Based Practice 2

## – the New Zealand experience

New Zealand is a small country with approximately 2,950 registered physical therapists, so the impact of EBP on the profession is evident with an immediacy not always experienced in larger countries. Sue Lord discusses the EBP experience in NZ over the past five years.

This is the second in a series of Keynotes on evidence based practice. The first is “Evidence based practice: an overview” by Tracy Bury. There will be further Keynotes covering issues in EBP and WCPT’s website ([www.wcpt.org](http://www.wcpt.org)) includes further information on its work in this field

### Background

In response to challenges from funding bodies on the efficacy of physical therapy for musculoskeletal conditions in 1997, the New Zealand Society of Physiotherapists appointed a Research Liaison Officer whose two key roles were:

- to promote research activities
- to promote the use of EBP within the profession

A research strategy was developed (Moon, 1998) following consultation with 48 physical therapists.

The years from 1997 to 2002 saw the following key changes within NZ physical therapy:

- an acknowledgment of the value of physiotherapy-led research by clinicians, other health professionals, academic institutions and the public
- a threefold increase in research activity, much of it led by clinicians

and including the development of Masters and Doctorate programmes

- an emerging interest in EBP, with the profession debating the effect of EBP on practice
- collaboration with other health professionals on research activities, and increased representation on guideline panels and literature review forums.

### What shaped the EBP experience?

Three important experiences informed the EBP debate throughout these years, and provided physical therapists with an opportunity to reflect and learn from them:

#### 1. The Acute Low Back Pain (ALBP) Guidelines

A panel of medical and allied health professional experts (including two physical therapists) produced a guideline document in 1997 (ACC, 1997), and this was disseminated to physical therapists via a national road-show the following year. The guideline was received with suspicion and prompted national debate. It was finally endorsed by NZSP Branches in 1999 by a very narrow margin.

### Key strategies

The New Zealand experience suggests the following strategies are important:

- Ensure easy access to the literature
- Provide teaching resources for the skills required for critique and the EBP process
- Involve academic institutions and institutional support
- Emphasise that continuing education is not just technique based
- Develop career structures that acknowledge the importance of EBP
- Encourage representation of physical therapists on guideline committees
- Maximise the use of telecommunications

The difficulties we identified with the ALBP guideline development process included:

- Insufficient consultation and “buy-in” from the profession at the outset and throughout development – a perceived “top-down” approach from funders and other health agencies
- Suspicion that the guidelines would lead to prescriptive physical therapy
- A perceived inadequacy in the recommendations for the treatment of individuals
- The use of “flawed” research in the guideline
- Failure to acknowledge clinical expertise
- A perception that the directive aimed at cost containment rather than the provision of quality care.

#### 2. The Physiotherapy Treatment Profiles

This second EBP experience was much more positive for NZ physiotherapy, due mainly to the profession owning the process from the outset.

The Physiotherapy Treatment Profiles initiative was co-ordinated by two physical therapists who appointed facilitators to seek opinions from clinical physical therapists throughout the country. The project was completed in two stages. The Numerative Treatment Profiles describe the optimal range of treatment times for non-complicated musculoskeletal conditions, and the Descriptive Treatment Profiles identify a range of appropriate interventions for those conditions, based on clinical opinion, not research evidence.

Although there was initial suspicion by those who felt the profiles might be used by funders of physiotherapy

services to rationalise services, this has not proved to be the case.

3. The Neonatal Chest Inquiry  
The third experience focuses on the provision of safe and effective treatment to patients under our care.

During the early 90s premature, at risk babies were given percussive chest physiotherapy using soft latex cups to clear secretions when they were ventilated. This treatment was stopped when research indicated a possible association between the technique and brain injury. The Director General of Health instigated an inquiry (Ministry of Health, 1999) which found that the provision of chest physiotherapy produced adverse effects. One of the key lessons learned was the importance of audit and research.

This was an example of experienced clinicians using a technique they believed to be safe and effective, but which had not been fully assessed through research. It highlights the delicate balance between clinical autonomy (using therapies that appear to help clinically) and using only those therapies that have undergone rigorous testing using a randomised controlled trial design.

### What was learned?

Initially, there was a general mistrust of EBP among NZ physical therapists. This cannot be simply put down to a lack of education and understanding. Much of the debate was engendered by experienced clinicians who understood the research process and, in the case of the ALBP Guidelines, had read and reviewed the literature. They had misgivings about the calibre of the research that was used as a basis for guideline development, and the potential for funders to usurp quality health care service through mis-directed cost-containment.

Energetic consultation is the cornerstone of professional “buy-in” to EBP, as shown in the difference between the ALBP Guidelines and

the Treatment Profiles. Cost efficiency is one of the cornerstones of EBP, and funders have an ethical and moral responsibility to spend money on effective treatment.

It can be a fine line between wise spending and restrictive cost containment. It is difficult for physical therapists to embrace EBP when it has the potential to compromise their funding. Nevertheless funding issues should not influence the implementation of EBP.

It is important to use EBP alongside knowledge gained from clinical experience, and not dismiss the latter as incidental. Conversely, we cannot rely on tacit knowledge alone.

There is a need for ongoing EBP education at grass roots level

### Future directions for implementing EBP in NZ

In 2001 a group of academic and clinical physical therapists worked together to consider EBP in the context of NZ Physiotherapy. The group recognised that the future direction of EBP must be driven by physical therapists who observe the balance between clinical expertise and research evidence, and who convey the importance of this balance to funders.

Physical therapists must feel confident in their ability to access and assess the literature, and incorporate research findings into their own clinical practice.

A definition of EBP for physiotherapy in NZ was developed: “At each clinical encounter physical therapists will combine expert clinical skills with current best evidence and place these in a context that is meaningful to the client.”

It was recognised that implementing EBP can only be achieved following wide consultation and extensive debate – it is essential that EBP is delivered in a meaningful way.

### Implementation – how to achieve it

The Research Liaison Officer continues to have a pivotal role in implementing EBP in NZ, through disseminating relevant EBP information to members via the NZSP monthly newsletter, supporting physical therapists involved in the EBP movement and liaising with external agencies, including the New Zealand Guidelines Group. The NZ College of Physiotherapy ran an inaugural distance-taught EBP Course in 2002, using audioconferences as the primary teaching tool. This enabled physical therapists from the length and breadth of the country to learn EBP techniques without having to leave home.

### Reading List

Accident Compensation Corporation (2000) Physiotherapy Treatment Profiles. Wellington, NZ  
Accident Compensation Corporation & National Advisory Committee on Health and Disability (1997) New Zealand Acute Low Back Pain Guide Wellington  
Lord, SE (2002) Editorial: Putting evidence on a platform, NZ Journal of Physiotherapy 30, 2, 4 - 6  
Moon, M (1998) Research strategies and action plans NZ Journal of Physiotherapy, 26, 2, 8 – 11  
Ministry of Health (1999) Inquiry under S.47 of the Health and Disabilities Service Act 1993 into the Provision of Chest Physical therapy Treatment Provided to Pre-term Babies at National Womens Hospital between April 1993 and December 1994 Wellington

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**Keynotes** is a series of occasional papers dealing with important professional, practice and policy issues relevant to physical therapists across the world, and to the development of physical therapy internationally.

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