

Direct access and patient/client self-referral to physical therapy

The World Confederation for Physical Therapy (WCPT) advocates that direct access to physical therapy and patient/client self-referral will allow service users to meet their physical therapy goals. Physical therapy professional entry-level education prepares physical therapists to be first contact autonomous practitioners, able to examine/assess, evaluate, diagnose, prognose, intervene/treat, determine outcomes and discharge patients/clients without referral from another health professional (eg medical practitioner) or other third party.¹ Further, WCPT advocates for service developments and delivery models that allow patients/clients improved access to physical therapy services through the ability to refer themselves directly to a physical therapist.

The terms direct access¹ and patient self-referral refer to the circumstances where physical therapy services are available to patients/clients without the requirement of a referral.² In many health service delivery systems throughout the world, the users of physical therapy services do not require such a referral. In these instances, direct access to physical therapy services is supported by national/provincial/regional/state legislative frameworks and by the standards of professional practice of physical therapists. A growing body of research evidence supports the clinical and cost effectiveness of such services and their acceptability among service users.³⁻⁸

WCPT advocates for the right of those seeking physical therapy services to self-refer to a physical therapist if they so desire and believes that this right promotes the autonomy of users of physical therapy services and enables fair and equitable access to such services.

WCPT advocates for health insurance reimbursement models that do not require the referral of a medical practitioner before a patient/client may seek the services of a physical therapist.

WCPT encourages member organisations to:

- advocate for direct access and patient/client self-referral with national/provincial/regional/state health departments, health professions and other organisations, such as those that provide reimbursement for physical therapy expenses and those that represent service user groups
- ensure that physical therapist professional entry level education programmes prepare physical therapists as independent autonomous practitioners able to see patients/clients without a third-party referral¹
- ensure the provision of post-qualifying continuing professional development opportunities to support physical therapists in the delivery of direct access and patient/client self-referral

¹ In many instances and service delivery models direct access and patient/client self-referral may be synonymous. However, direct access may include instances where the patient is unable to refer themselves, such as when unconscious in an intensive care unit, and the physical therapist is able to review the notes and decide that they need to assess and treat the patient, without a referral from a third party eg medical practitioner.

- support research efforts aimed at evaluating direct access and patient/client self-referral services
- make their members aware of resources to support the implementation of direct access and patient/client self-referral services
- make their members aware of their responsibilities when providing direct access to physical therapy services

Glossary

Direct access — the patient/client directly asks the physical therapist to provide services (the patient/client refers themselves) and the physical therapist freely decides his/her conduct and takes full responsibility for it. Also, the physical therapist has direct access to patients/clients and determines their need for the physical therapist's examination/assessment and intervention/treatment without referral from a third party.

Self-referral — patients/clients are able to refer themselves to a physical therapist without having to see anyone else first, or without being told to refer themselves by a health professional. This can relate to telephone, IT or face-to-face services. ²

Approval, review and related policy information	
Date adopted:	Approved at the 17 th General Meeting of WCPT in June 2011. Revised and re-approved at the 18 th General Meeting of WCPT May 2015.
Date for review:	2019
Related WCPT policies:	WCPT policy statements: <ul style="list-style-type: none"> • Autonomy • Description of physical therapy • Standards of physical therapist practice WCPT guideline: <ul style="list-style-type: none"> • Guideline for physical therapist professional entry level education

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