



Information sheet

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
 - 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:

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