5 November 2020

Collective response from PNZ members to MoH discussion paper on prevention and protection health and wellbeing.

In response to the significant impact COVID-19 has had on the delivery of health services, the Ministry of Health (MOH) has requested feedback on a discussion document titled "*Allied Health delivering and operating in an active pandemic, using responsive health and disability models of practice."*

The document was circulated to PNZ members with 20 responses received from a range of members the majority private practitioners, some physiotherapists working in DHBs, Aged Residential Care and paediatric services. Please note PNZ Paediatric SIG provided separate feedback which has been forwarded alongside this collated feedback.

Answers to five key questions summarises feedback from PNZ members along with the feedback PNZ Office has received over the past six months.

Key Questions

1. Can we deliver services effectively across Alert Levels?
   a. Why/Why not

Levels 3 and 4

Telehealth is the only treatment option for physiotherapy private practices. There is acknowledgement that at Level 4 infection control and physiotherapy and patient safety in key. Clear guidelines were helpful for practices to follow. Problems arose when there was some inconsistency in interpretations amongst allied health groups. There needs to be severe restrictions and guidelines at level 4, mainly telehealth.

There remains a high level of support for the public health led approach at Alert Level 4, when there is "sustained and intensive community transmission occurring" [1] with the scale weighting on the protection and prevention end of the pivot.

At the move to Alert Level 3 when there is a "High risk the disease is not contained", PNZ members are generally supportive of the guidance on the Covid webpage that "Healthcare services use virtual, non-contact consultations where possible."

[1] Covid 19 Alert level retrieved from https://covid19.govt.nz/alert-system

However in response to feedback concerning the balance being weighted too heavily towards protection and prevention at Level 3 and the limitations of only telehealth service provision on patient outcomes, PNZ worked with the Physiotherapy Board of New Zealand (PBNZ) to draft a potential Alert Level 3 guide for physiotherapists, and potentially other allied health professionals. This guide aimed to still maintain the balance in service delivery on protection and prevention whilst starting to address the health and wellbeing needs of people in the community.

The majority of responders comment that telehealth was effective for those with more straight forward/simple conditions; this included initial consultations;

> *"Telehealth did provide options to educate, inform, reassure, use exercise prescription, meaning that many clients are able to continue improving on their injury or health condition. Patients at the rehabilitation stage could also be treated*. "PNZ member

Telehealth was not effective for those clients with more complex conditions including tendon ruptures, musculoskeletal conditions with potential neurological complications, requiring more complex assessments, more impaired or disabled requiring active assistance, coaching re self-release or stretching; not effective for teaching finer details of exercises.

> *"There are a range of responses to how effectively services can be delivered via telehealth. A variety of factors impact on whether physiotherapy treatment and rehabilitation can be delivered via telehealth, including: patient needs, complexity of the patient's condition, patient perception of telehealth utility, and technology"*PNZ member

> *"Post-surgical rehabilitation: this was a significant client group that really struggled with a lack of hands on care during the early to middle stages of their recovery*. "PNZ member

Physiotherapists' experience was that patients' generally had poorer outcomes due to not being suitable for telehealth or the required treatment or rehabilitation requiring face to face. There was some evidence that even with patient self-reported functional improvement this wasn't accurate when reviewed by the physiotherapist post lockdown.

Technology:
Many PNZ members commented on technology being a limiting factor. This was not just for

patients, but also practitioners. PNZ is aware of a number of DHB employed physiotherapists who struggled to get access to technology to enable telehealth.

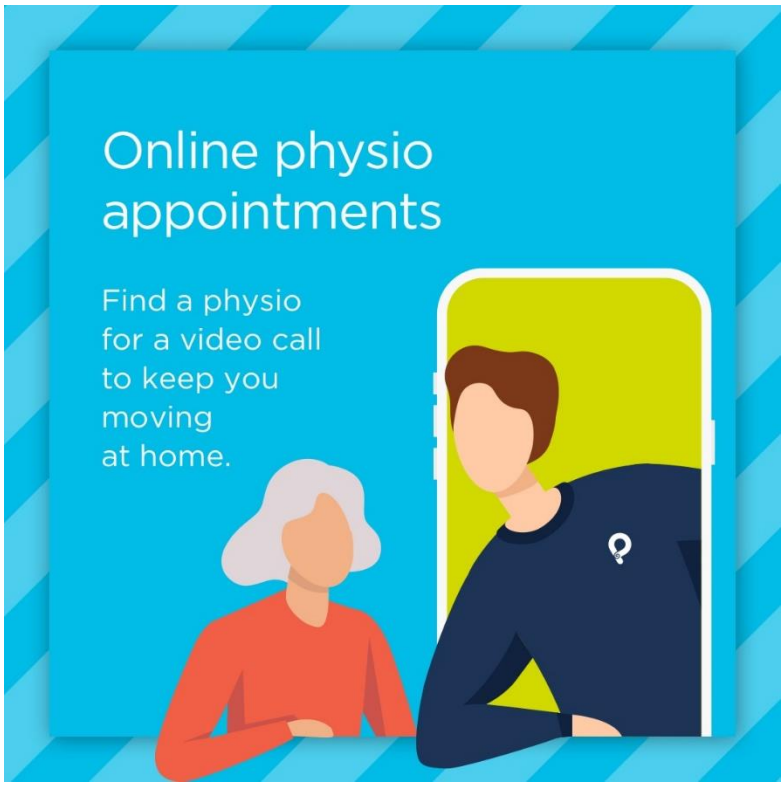
> *"A number of clients unable to use the technology due to personal difficulties or unavailability of software/hardware or good internet connectivity."* PNZ member

There were technology facilitators mentioned such as Physitrack - goniometers for use on the screen in telehealth consults to allow for a reasonable level of assessment to be achieved. These programmes are not universally used.

The overall impression is that where private practices and DHBs had existing technology capability and considerable clinician skill and experience in telehealth delivery, the service delivery was much easier than for those who had to quickly adapt to implement telehealth.

Consumer awareness of services:

Consumer awareness of what services were available in any form was relatively low. PNZ did develop and run a small social media campaign to promote telehealth. There was a general low level of public awareness that telehealth was a viable option so that people could maintain health and wellbeing while still being protected and preventing spread of infection.



Business impact

All physiotherapy practices experienced a significant downturn in business due to the extremely limited service delivery. Ensuring ACC funding of telehealth services at the same levels as face to face was a priority to incentivise and increase use of telehealth by physiotherapists and patients.

PNZ survey data indicates that over one third of businesses did not operate at all in Alert Level Four, with over one quarter not operating at Alert Level 3. Most businesses had returned to normal levels by alert Level 1.

	Lockdown/Alert Level 4 %	Alert Level 3 %	Alert Level 2 %	Alert Level 1 %
Did not operate at all	34	26	2	1
Provided an essential service only	11	14	2	-
Provided a partial service	53	58	41	1
Fully operational	2	2	56	98
Total	**	**	**	**

It is worth noting that the government wage subsidies during the initial COVID lockdown were a financial lifeline for many physiotherapy practices, with over 95% of business owners claiming the subsidy.

Alert Levels 1 and 2

At Level 2 and 1 effective delivery can occur with the majority of it delivered in person.
Prior checks on therapist and patient health and travel risks plus the use of PPE, face masks worn and thorough cleaning for face to face treatments.

Level 1-normal service delivery with extra vigilance around cleaning, hand washing, COVID screening
Many of our members noted the potential confusion when additional levels were added during the Auckland containment.

DHB experience

DHB Wards: beds were cleared to make room for active COVID cases which didn't come so there was more time to treat those who were there.

Community physiotherapists were under pressure to meet the demands of patients discharged in a rushed fashion with extra equipment and minimal rehab as beds were needed and patients had to be removed from potential danger of becoming infected; these patients did not receive any care;

patients had to manage with existing equipment and phone follow up only.

At level 3 and 2 patients were triaged to acute wards; many of these patients had become acute as a result of having no treatment. Justification to for a physiotherapy visit was based on risk of falling assessment or deterioration due to isolation in their homes without the necessary aids or supports.

Of concern was the lack of access to vulnerable patients in the community due to strict MoH guidelines weighted in favour of staff and patient safety from developing COVID.

Aged Residential Care

Rest homes have industry related governance and added an extra layer of lockdown to protect vulnerable clients. No external staff were allowed in to the space until Lockdown level was reduced.

This is an area of concern for physiotherapists. The balance is seen to be too heavily weighted to protection and provision and the health and well-being of the frail elderly, in particular, was significantly compromised.

Another confounder was the significant variation by management amongst individual ARCs as to

> *"Difficult to provide services that maintain health and wellbeing across the Levels which led to deterioration of patient's health over this period and consequent decline and possible disability and death in vulnerable populations. There was no flexibility and ability to clinically judge the risk and benefits as not all populations can be treated through telehealth. Not all facilities were willing to facilitate telehealth services either*. . "PNZ member

whether access to physiotherapy services for the frail elderly to maintain mobility during lockdown, was permitted. PNZ attended the Post-COVID 19 update and workshop the ARC Funding Model Review (13 November 2020), and provided feedback on the need for greater access to physiotherapy services during lockdowns to prevent unnecessary decline in the health and well-being of the residents.

Physiotherapy for Special Education Schools

Working to MoE and MoH guidelines was challenging due to the high needs of the children and the support required by whanau and other care givers.

2. In your personal context, are you able to adjust service delivery between alert levels?

Physiotherapists working in private practice varied in their ability to adjust service delivery between alert levels.

The following is a list of some of the enablers to adjustment:

- The capability to effectively deliver services via telehealth at Level 3 and 4 (see comments on variables mentioned in question 1) .

> *"Even non video/voice only calls can provide some advice, support and direction for patients, especially if the call is attended by a trusted support person. Follow up with customised emailed, texted, posted written advice. Directing the patient to useful and trusted you tube links and other online advice and exercises can be helpful. PPE firstly".*
> PNZ member

- Access to PPE

> *"Suitable protection for physiotherapists and patients coming through the doors; this would allow the same service delivery but in a different context. "* PNZ member

- Infection control measures; many reported these were the same as used in non-covid times; PNZ did receive some enquiries from physiotherapists wanting clarification on Board or MoH guidelines.

> *"Infection control measures - surfaces and people as able; increase space between clients, decreased client contact and use of our toilet facilities; reduce time with clients; reduce hands on therapy wherever possible; use less linen and more alcohol in order to reduce contact surfaces between clients...*
> *Screening of each and every client prior to entry*
> *Yes - social distancing. In extreme cases client can wait in car park and be called in. "*
> PNZ members

The following is a list of some of the challenged to adjustment:

- Technology outdated; difficult to integrate telehealth in to service delivery; lack of practitioner expertise; patient reluctance.

> *"many patients are reluctant to use telehealth: huge reduction in case load and rebuild from less than 20% of the case pre-lockdown; one clinic reported needing to work hard to sell to the benefits of telehealth under levels 3 and 4 (1 out of 20-30 patients offered telehealth made appointments). "* *PNZ member*

- Outdated rules/guidance too rigid. A number of physiotherapists felt their professional decision making skills and ability to make safe decisions regarding patient care was not given credence.

> *"outdated rules and guidelines that limited ability of physiotherapists to make good decisions; physiotherapists are well qualified to manage health & disability environment MoH guidelines considered too rigid and not accounting for infection control procedures in place in accredited practices"* *PNZ member*

- Changes required to deliver services impacted on service delivery

> *"not being able to provide face to face treatment at level 3 and 4 resulting in compromised patient treatment and recovery*
> *changes made included: rostering teams; linen changes; waiting room management; telehealth; video production of rehab and mobilization techniques"* *PNZ member*

Whole of Government Approach

The impact of the COVID guidelines developed by the Ministry of Health affected services that were beyond health funded services. Other funders, including ACC, schools and Ministry of Education, Aged Residential Care, regulatory bodies were guided by the MoH guidelines. The interpretation of

guidelines by workplaces and whether employment could be maintained in the short and long-term is often not considered as a part of health delivery but there was a high level of anxiety from employers and employees about this.

Some physiotherapists found vocational rehabilitation easier to deliver via telehealth; this is contingent on ACC (for example) accepting video conferencing and virtual "walk through" of a workplace as a vocational assessment. Huge time save, travel (especially in Auckland) therefore money saving. ACC support for this method of delivery at any level of alert is required.

Preparation pre-lockdown

For practices already using telehealth they were able to pivot quickly and help clients get on board; this was received well albeit with a number of teething issues (scheduling, sending secure web links for video consults, helping clients through IT challenges). The message from these users to first time users of telehealth in physiotherapy services, be they DHBs, community providers, was that it takes time and refinement to get all aspects of telehealth working effectively and efficiently.

The impact of second lockdown – patient preference to "wait and see"

Many processes were refined in anticipation of future lockdowns; however - second lockdown (Level 3) - better prepared but did not anticipate the poor uptake due to shorter duration lockdown and uncertainty of finishing second lockdown – "wait and see" approach taken by many patients. When finally able to return down to Level 2 – challenge - trying to prioritise who was in need of our services the most.

For Special Education Schools and Older People there were some different considerations

Special Education Schools

"When the child is at school, I can adjust my intervention, however when the child is at home it becomes more difficult. Liaison through the family in levels 2,3,4 when the child is at school, works well for 60%, for the other portion the families are too stressed or does not have the capacity. In these incidences the child then has the potential to deteriorate " *PNZ member*

"I work in a school for children with disability. Schools have slightly different distancing rules for obvious reasons. Confusion arises with MoE and MoH rules; however MoE guidance is used and is based on MoH guidance" *PNZ member*

Older persons

Older persons were at significant risk of reduced mobility and functioning due to the strict lockdown rules. To address this issue, PNZ promoted the Super Seven Exercises developed at AUT and primarily aimed at maintaining mobility in the more frail elderly at home, and were made available in a very short time frame.

Telehealth was useful for some

> *"Provided some telehealth services over the phone and tried zoom with not very much success"* *PNZ member*

3. Do the alert levels facilitate service delivery?

The feedback was mixed. Physiotherapists found clear MoH, PBNZ and PNZ guidelines communicated effectively and in a timely manner helped facilitate service delivery; however service delivery was compromised especially during Alert Levels 3 and 4 and in Auckland when it went back in to Level 3 restrictions.

Private physiotherapy practices
Quickly returned to business as usual levels of service delivery at levels 1 and 2 and noted that they all followed COVID infection control measures in their clinics.

Alert level 4
There was general agreement that telehealth standards were required and were developed.
As has been noted in previous questions usual service delivery is not possible. Telehealth limits physical examination and may result in possible inappropriate triaging and is highly restrictive especially for patients requiring urgent and in person care due to the nature of their health issue.

Alert level 3
There was more disparity of opinion with regards to the definition of "essential service". The majority of feedback asked that more consideration be given to allowing certain subgroups of patients to continue receiving in person care; this became more problematic when Level 3 restrictions were in place for extended periods of time and treatment rehabilitation was compromised.

For some safety is the priority and they would not want to do face to face consults at Level 3 and 4 presuming community transmission (like August in Auckland) Or if active clusters existed.

Also, the challenges of rapidly changing alert levels and the consequences of this for patients and physiotherapy providers, were not anticipated; many patients wanted to "wait and see" what happened with Alert Level changes; uncertainty regarding who was an "essential service" meant patients were reluctant to seek treatment. This was communicated with PBNZ and PNZ.

In future a public awareness campaign about the benefits, value and importance of telehealth for ongoing care should be undertaken;
Along with good information and communication with public re what's an essential service and how to access these safely.

Relax restrictions for level 3
As previously mentioned, PNZ and the Physiotherapy Board of New Zealand (PBNZ) are supportive of a relaxing of restrictions to allow limited in person treatment of patients to address the health and wellbeing needs of people in the community. With the possibility of further rapid changes to alert

levels in the foreseeable future, a more balanced infection control and patient treatment and rehabilitation approach is needed.

Physiotherapy knowledge of health and safety, infection control, risk, benefit, screening, and health comorbidities means that are able to safely judge who would be appropriate to see in person during Alert Level 3.

> "*given the physiotherapy profession is regulated, follows the PBNZ and MoH guidelines, uses the required health screening questionnaires, allows only pre-booked appointments, reduced number of bookings to allow appropriate social distancing, COVID tracing, extra precaution with high risk clients, have robust safety and infection control measures in place, telehealth for vulnerable people; physiotherapists are confident they would be able to provide some care during Alert Level 3 to certain groups to mitigate the risks of poorer health outcomes.* " *PNZ member*

> "*Acute injuries have to go to GP/ A&E where infection is also a risk. Managing COVID free patients requiring physiotherapy treatment directly with the physiotherapist, would ensure both parties are protected from infection and the patient's treatment and rehabilitation progresses. .* " *PNZ member*

> "*Post-surgical patients are an at risk group of poor outcomes when their rehabilitation is interrupted.*" *PNZ member*

Older persons – Hospitals and ARC

The weighting towards infection control resulted in deterioration of older persons' health, in particular: reduced mobility and function; increased risk and number of falls and fractures; deterioration in mental health. The other health benefits of having ongoing physiotherapy and allied health input as essential health services at all levels (with the appropriate infection control measures in place), to address these issues was not recognised.

Clear allied health guidelines for ARCs and Hospital settings are urgently required to be developed. Without these there is no ability as professions to provide agreed guidance as to the best way to practice safely in the alert levels, to improve or maintain older persons' health during lockdown. Instead the recommendations form the MOH were very much blanket recommendations.

4. What would allow for better transition between levels to maintain delivery of services, while keeping a balance between protection/prevention and health wellbeing/restoration?

Aged Residential Care

The feedback from physiotherapists working in ARCs is there is a real lack of consistency in the Residential Aged Care (ARC) sector to access for physiotherapists (and from AHANZ member comments this could extend to all allied health workers)

Examples from one member is quite representative:

- *One facility allowed physio in as "essential" with PPE and "exclusivity" – they weren't to work in any other ARC facility*
- *Several engaged in telehealth over zoom type platform with some engaging really well (usually if the physiotherapy assistant was involved) and some with mixed results*
- *Some did telephone support*
- *Some didn't engaged with physio AT ALL for 8 weeks*

Other concerns raised

During lockdown in June with a huge decline in physiotherapy services, many residents post lockdown had an increase in reported falls. When physios did go back into the facilities after lockdown they experienced seeing huge mobility declines in the population including many residents who had been mobile pre-COVID became full hoist for transfers – with a resulting increased load on the care staff. *PNZ member*

This is not a New Zealand only issue: https://www.theage.com.au/politics/victoria/experts-warn-of-hidden-toll-on-aged-care-residents-in-lockdown-20200812-p55l39.html

PNZ Older Adult Special Interest Group are keen to work address this issue with MoH and/or Aged Care Association representatives. Including physiotherapy services as an "essential service" for ARC supported by the development of clear infection control guidelines (a similar approach taken by the

PNZ Cardiorespiratory Special Interest Group to develop the MoH PPE guidelines)[2]. The current guidance around this is too grey and experience shows the implementation is inconsistent.

Private physiotherapy practice

There were a range of suggestions worth consideration

Infection control

Practices adherence to the MoH and PBNZ guidelines is key to protecting physiotherapists and patients. Managing patient loads and clinic set up to meet Alert Level requirements. Inconsistencies of levels of infection control requirements were noted; some physiotherapists commented that businesses e.g. hairdressers, massage therapists and gyms, with lower standards of control were ranked at the same level of service rather than a "essential service" as were GPs, Dentists and pharmacists.

> *"good screening questionnaire and initial telehealth to determine safety of face to face should be enough to protect both physio and patient and allow hands on sessions in all alert levels*." *PNZ member*

> *"should be allowed to see clients at levels 3 and 4 in clinic with PPE and modifications around waiting areas; then move clients to telehealth once they have had a couple of sessions to get an assessment, some hands on the understand the fundamentals of the exercises*. *PNZ member*

The general consensus was no in person treatment at Alert level 4; however at Level 3, as previously stated, more availability to provide limited in person treatment to those patients at low/no risk of COVID and great risk of significantly compromised health and well-being – poor functional outcomes as a result of treatment delays.

Requiring mandatory mask wearing at all levels may avoid confusion.

[2] Respiratory physiotherapy guidelines for managing patients with COVID-19 infection (PDF, 161 KB) – 4 September 2020

Telehealth

Given telehealth is a key service delivery mechanism, emphasis on upskilling physiotherapists, educating the public, improving technology including internet coverage and access to devices especially into rural areas and populations that are at risk of poor outcomes e.g. Maori.

> *"public health awareness/education campaign on process, benefits and value of Telehealth required: public - how they can continue maintaining their health status or recovery. Identify and target those at most risk of poor outcomes from COVID – screening then ongoing in-person consults for those COVID free - with appropriate precautions profession can be trusted to strike the right balance for health/wellbeing and protection/prevention. Note: involve an informed consent process with those who do want to continue receiving in-person care at Level 3.* *PNZ member*

Improved links between health providers to share information such as xray results, blood tests, other relevant health information.

A triage system

Explore, generate and adopt a triage system relevant to physiotherapy service offerings; e.g. a rating tool with criteria to determine whether service is essential and required in peron; for each clinical justification: e.g. Threat to life or limb; permanent loss of function; significant and permanent decline in basic function; loss of function that is preventable and if treated would reduce risk of hospital admission. Reliability and consistency of rating would reduce variable interpretation of the tool by different professional groups or DHBs, regions, or clinics.

> *"Many people simply had to halt treatment and management for a long period. It also completely limited those unable to use technology and therefore the elderly and this in rural areas were impacted more and unequally by the Alert Level restrictions*." *PNZ member*

At level 3, with the required infection protection measures in place, allow treatment of essential workers and those patients with acute conditions at risk of longer term pain and dysfunction as the result of poor assessment and delayed treatment to be in person.

Consistent interpretation of "essential services"

This was a contentious issue with the PBNZ and PNZ receiving a number of queries about what is deemed an"essential service". Examples of chiropractors advertising that they were able to deliver services at Level 3 created controversy amongst physiotherapists and confusion for the public, along with risk of COVID infection. Clarification of this definition was repeatedly discussed with the MoH by both PBNZ and PNZ and remains a one of the issues to managing Level transitions.

"Many of the complaints/appeals that I read to NZ Board or PNZ about not being able to see patients appeared to come from the Private therapists to Rest homes or clinics (MSK) based groups. I have concern that to treat the majority of their patients during an active pandemic is based more on a financial argument ;whilst this is fully understandable-it requires a better general understanding of the active pandemic. The argument was used 'Loss of life or limb' to deem something urgent and therefore needing to be seen. There were multiple interpretations of this including chiropractor clinics opening for emergency back treatments- although this was stopped it demonstrates how different groups interpret 'urgent' need." *PNZ member*

"There is a duty of care to the patient but also a duty of care of the profession to its own workforce. the interpretation of what is or isn't " life or limb" argument is driven depending on the context from where you stand. Although frustratingly clinics were shut, this along with all the other closures stopped the spread. DHBs were charged with managing active cases and did well with all of the systems in place. DHBs are set up to have such processes and governance/accountability checks. Clinics could struggle." *PNZ member*

5. What concerns do you around treatment outcomes with shifts between Alert Levels? (please provide examples where possible)

Physiotherapists have found the shifting between levels to unsettling, stressful and disrupting for both physiotherapists and their patients. Preferably staying at alert level 1 or 2 for most of the time is definitely manageable.

Treatment outcomes were worse during Levels 3 and 4 for many reasons including: limited access to treatment, in person and telehealth; patient reluctance to seek treatment due to risk of infection concerns; technology challenges; compromised assessments and treatments; limitations to be able to deliver and progress treatments.

Wait and see

When Auckland returned to lockdown an unexpected response occurred…

"*During the last lockdown in Auckland, many clients opted to "wait it and see" until level 2. This impacted rehabilitation, physiotherapy livelihood and supporting the community. Patients were able to visit a GP, but unable to access physiotherapy treatment aimed at rehabilitation, positive outcomes for patients and bringing back normal ADLs."* *PNZ member*

"Practice well prepared for telehealth: Almost all scheduled clients during three days opted to "wait and see" until the following week.
Extended a further 10 days with an announcement scheduled on the Friday of the second week to confirm whether there would be an early return down the Alert Levels - almost all clients during that week opted for 'wait and see'. On Friday there was no announcement regarding Alert Level changes (either imminent of future) so once again our clients were left guessing as to whether they should do a Telehealth appointment or just "wait and see" once again. Once we were finally were able to return down to Level 2 it wasn't without the challenge of trying to prioritise who was in need of our services the most). *PNZ member*

The following are examples of the impact of changing Alert Levels on treatment delivery and outcomes :

"*Alert level 4: Essential workers such as police were unable to access physiotherapy. We had front line police requiring urgent attention to manage acute musculoskeletal conditions unable to return to duty due to delayed physio interventions. - Infection control: - current criteria did not allow for essential workers to get assistance from physios only severity of condition so we had front line police unable to return to duty due to delayed physio interventions."* PNZ member

delayed timeframes to achieve full range of motion or reduce radicular pain
- post lockdown patients very busy and unable to attend treatment - many patients had developed CRPS or required cortisone injection for frozen shoulder or orthopaedic review due to deterioration.
- Many undiagnosed issues became apparent at face to face consults – factors - public ignorance and reluctant to use telehealth as a complete unknown and "didn't see the benefit" if not hands on." PNZ member

Specific cases where outcomes were less than optimal

A client who had sustained a complex ankle fracture just prior to lockdown. Underwent surgical ORIF and then was NWB for 6/52. During the lockdown she was able to wean out of the moonboot but had considerable stiffness, poor tolerance of mobility/gait and was really struggling with pain. Although we were able to guide her through some of the early rehab via Telehealth…her recovery was certainly impacted. PNZ member

A client who sustained an Achilles rupture in the tail end of the Lockdown did not seek medical support. He presented to our clinic the first day after we re-opened at Level 2 and was diagnosed with an acute Achilles rupture. Due to the delay (approximately 12 days post injury) he had to be rushed into theatre in an effort to manage his Achilles surgically. Although the repair was successful and his recovery is continuing this could have ended poorly.
PNZ member

An elderly client sustained a significant shoulder injury and was seen by Telehealth. There was very little range of motion and a positive drop arm sign that indicated a significant rotator cuff tear. Referral for imaging was arranged however she was apprehensive about going to get this done during Level 3. Although we were able to provide some advice and education, there was little else that we could do to help her alleviate pain. On review in clinic once we returned to Level 2…it was apparent that there was a significant injury. Imaging was arranged that showed a complete rotator cuff tear. A referral to an orthopaedic specialist was arranged and she is now seeking further intervention.
PNZ member

***"Post-surgical rehabilitation** - big group that really struggled with a lack of hands on care during the early to middle stages of their recovery*." *PNZ member*

***Level 4:** When I was delivering physiotherapy services via telehealth I had patients that deteriorated, missed fracture clinic appointments, suffered missed diagnoses, had prolonged rehabilitation and even one patient that ended up in hospital for an extended period that questionably could have been prevented with continued regular contact with myself. Most of my patients require and expect hands on treatment from myself and level 4 resulted in a drastic reduction of my case load* *PNZ member*

Shorter lockdowns impact continuity and sustainability of our profession.

First Level 4 lockdown we retained approximately 50% of client consults via Telehealth. Of note there was an associated 70% reduction in revenue as a fee for Telehealth was not passed on due to the novel and rushed nature of the change. Second level 3 lockdown - clinic only retained 25% of all client consults via Telehealth. Charge a reduced fee for this service, an associated 85% reduction in revenue. Employer ability to continue paying staff huge pressure and stress despite wage subsidies. It is unlikely that future wage subsidies will be made available so an ability to continue operating in-person at limited capacity during Level 3 would help both client outcomes and the sustainability of our profession. Fundamentally if clinics are unable to retain staff due to the enormous financial burdens we suffer with short and repeated lockdowns then the indirect impact will also flow through to our client groups. *PNZ member*

"With acute musculoskeletal injuries – I experienced that upon returning to level 2 – there was an influx of new patients assessed elsewhere for their acute injuries and then referred on for therapy - unfortunately a high proportion of these injuries were incorrectly diagnosed – some patients even having underlying fractures that had not been diagnosed and casted." *PNZ member*

"There were also incidences where under normal conditions patients would have met the criteria for operative repair of their injuries (ie displaced intra-articular distal radial fractures) but this option was not provided under level 3 and 4 and thus their outcome with regards function has not been optimal." *PNZ member*

"Negative impact of changing levels - diminish quality of treatment - may result in: inconsistency, poorer outcomes, lack of confidence for the patients in their self-management and in physiotherapy as a service, rehab may be more protracted in time, red flags may be missed, waiting lists will increase, patients may start to "self-treat" via Google and you tube searches and be misdirected into inappropriate diagnoses and "cures." *PNZ member*

"Positive side: patients may become better self-managers, more compliant and less needy for hands on treatment to effect results, technology improvement needs may be the mother of invention and we see a new era in treatment enhanced technology." *PNZ member*

"Patients are unable to receive the necessary treatment at Level 3 and 4. Specific areas identified were: neck problems; disc injuries; maintaining mobility/activity/functioning and carrying out ADLs; psychological implications of not receiving treatment – anxiety and depression." *PNZ member*

Students impacted

Concerns about consistent clinical experience for under-graduate students and new graduates with reduced hands and face to face patient contact to re-enforce knowledge.

Otago and AUT Schools of Physiotherapy are teaching telehealth and infection control courses to students and providing direct patient experience for students delivering telehealth to patients.

Community rehabilitation management

"I saw patients in the community after the levels lifted from 4 to 3 and 2. People were on the whole more resourceful than they had been given credit. There were some who had reduced function as a result of no treatment but hard to say if permanent. I think the key phrase is where lack of progress critically early on leads to long term permanent loss. Eg Brain injury neuro rehab in community or multi trauma mobility treatments adapted included include initial over the phone filming or viewing through the glass in a home.- Even face to face assessing in car park/garage or outside; or inside but remaining at 2 M apart to assess a leg/arm/transfer followed by treatment followed up via phone. Any more than this and the patient would be admitted." *PNZ member*