



**PHYSIOTHERAPY
NEW ZEALAND**
Kōmiri Aotearoa

PNZ Physiotherapy Outcomes Study Quarterly Report

October 2022 to December 2023

Introduction

This report presents the aggregated national data collected from the Physiotherapy Outcomes Study in the first five quarters of data collection (October 2022 to December 2023). Data contained in this report can be used by practices participating in the study for the purpose of comparing their own score against the national dataset. The 'national dataset' refers to all data collected from participating clinics.

The current report contains data collected within private physiotherapy practice settings and public physiotherapy settings (Te Whatu Ora - Health New Zealand).

Descriptive data is presented in percentages and mean scores. The total number of clients to which the data relates is presented in response counts.

Colours are presented in graphs to aid interpretation:

Green = low disability/ pain levels

Red = high disability/pain levels

An asterix (*) demonstrates outcome measure scores where a clinically significant change between intake and discharge has taken place.

Summary of Results

Response counts are noted within the main document.

Demographics

Of the sample to date, the majority of physiotherapy consumers identify as NZ European (80%), with a much smaller percentage identifying as Māori or Pacific Peoples (10%). Most physiotherapy consumers identified as female (57%), and the most common age range treated by physiotherapists was 25-34 years old. Most physiotherapy care episodes were subsidised by ACC (81%).

Patient Reported Outcome Measures

There was a clinically meaningful reduction in pain rating scores following treatment. Ratings of pain reduced on average 3.17 points on an 11-point numerical pain rating scale at discharge compared to the intake timepoint.

The Roland and Morris (RM) scale demonstrated a clinically meaningful reduction in disability related to back and thoracic pain. The average change on the RM scale was a reduction of 5.82 points (scored out of 24) at discharge compared to the intake time point.

The Lower Extremity Functional Scale (LEFS) demonstrated a clinically meaningful reduction in disability related to various lower limb injuries. The average change on the LEFS was 22.62 points (scored out of 80) at discharge compared to the intake timepoint.

The Neck Pain and Disability Scale (NPDS) demonstrated a clinically meaningful reduction in disability related to neck pain. The average change on the NPDS was a reduction of 29.07 points (scored out of 100) at discharge compared to the intake timepoint.

The QuickDash (QDASH) demonstrated a clinically meaningful reduction in disability related to upper limb problems. The average change on the QDASH was a reduction of 22.66 points (scored out of 100) at discharge compared to the intake timepoint.

Physiotherapy consumers rated their overall health related quality of life on the EQ5D VAS score as 13.61 points higher on discharge from physiotherapy compared to intake.

The average patient rated impression of change on the Global Rating of Change scale was +3.53 on a scale from -5 to +5.

Summary of Results (continued)

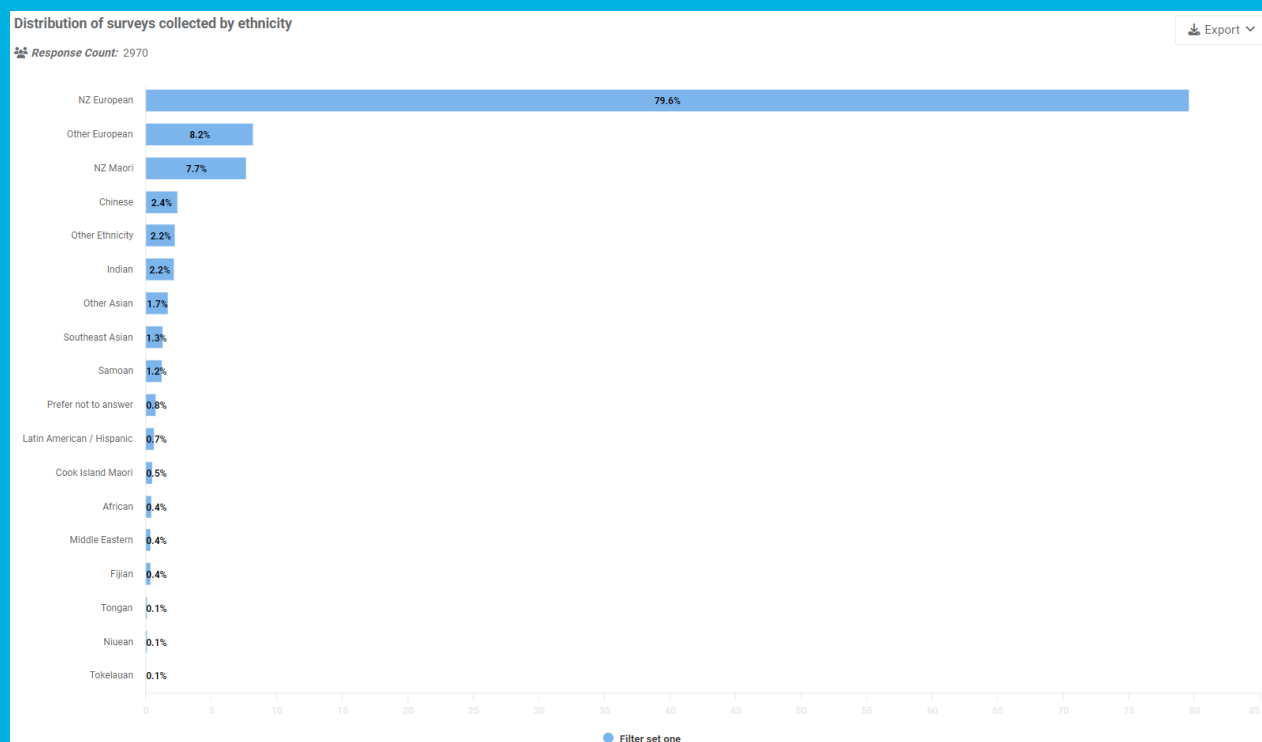
Patient Reported Experience Measures

On the NHS Friend and Family Test rating scale all physiotherapy consumers rated their experience of the service they received as either 'neither good nor poor', 'good' or 'very good'. No responses were received in the 'poor', 'very poor' or 'don't know' categories.

Overall, data from the first five quarters suggests that pain levels and functional disability of consumers of physiotherapy services are lower after treatment than intake. This change appears stable three and twelve months after discharge. Furthermore, data thus far suggests physiotherapy consumers are satisfied with the service they receive. Results should be interpreted taking into account the low response counts in the study so far.

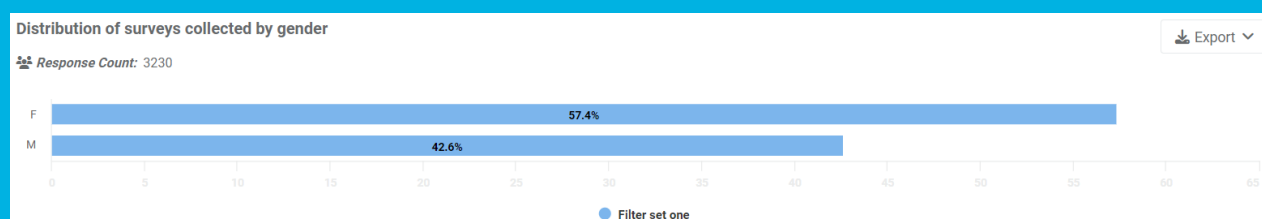
Demographics

Ethnicity

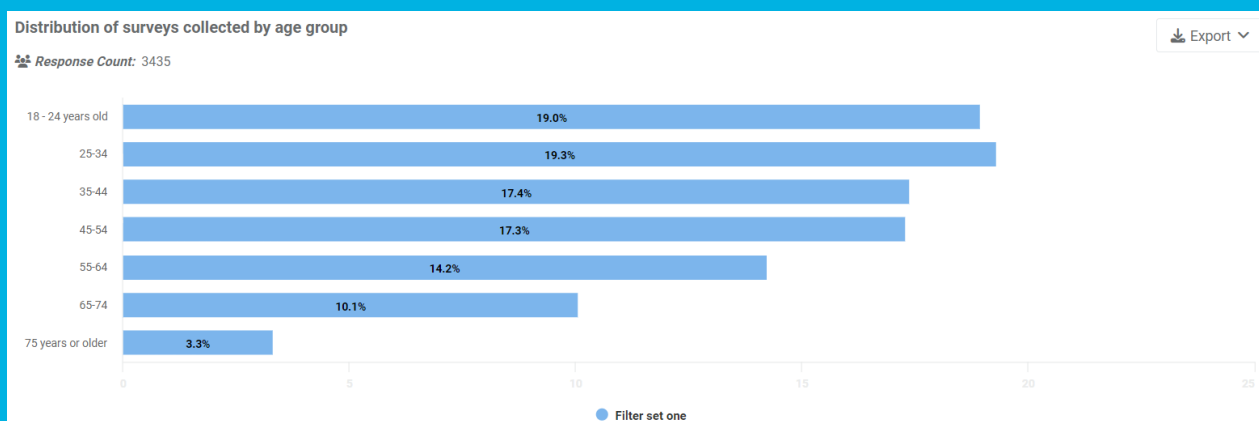


Based on Ministry of Health – level 2 ethnic codes.

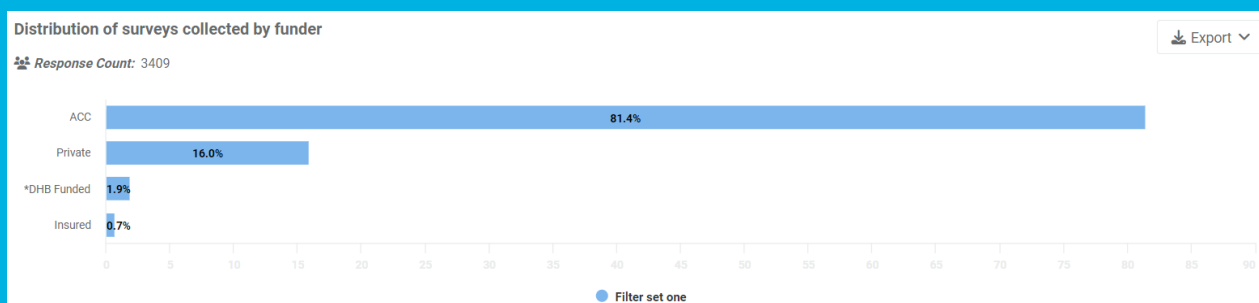
Gender



Age



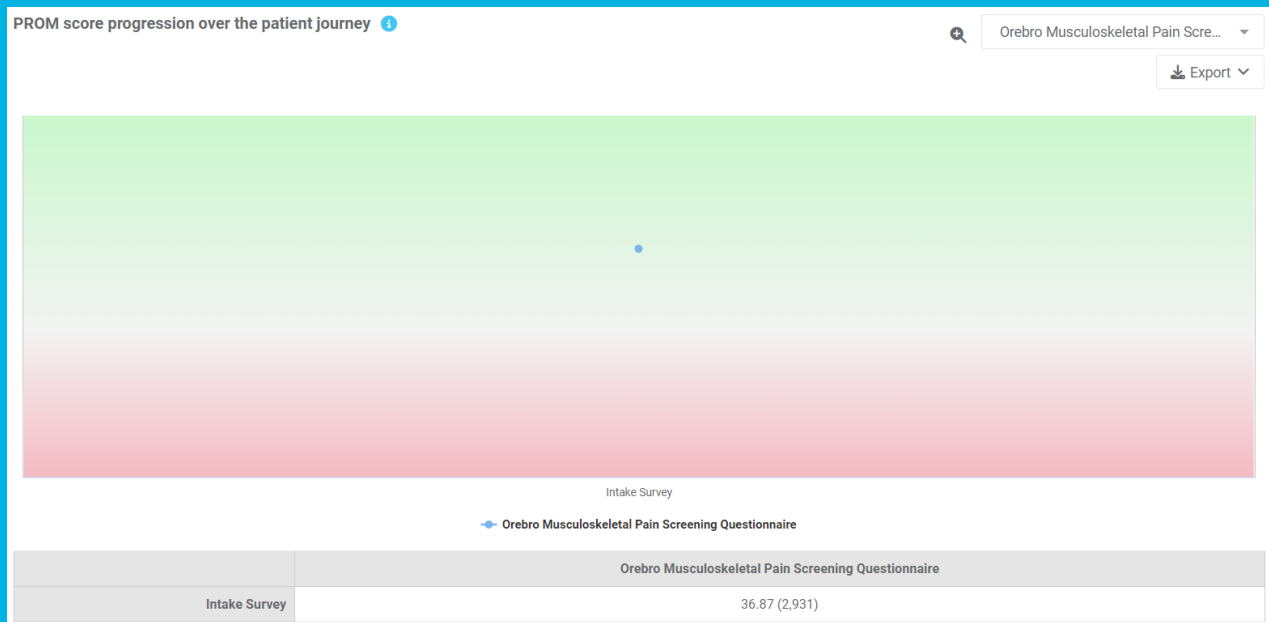
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Prognostic Screening Tool

Orebro

Used to identify clients that are at risk of delayed recovery.
Scored out of 100. A score >50 indicates high risk for future work disability.

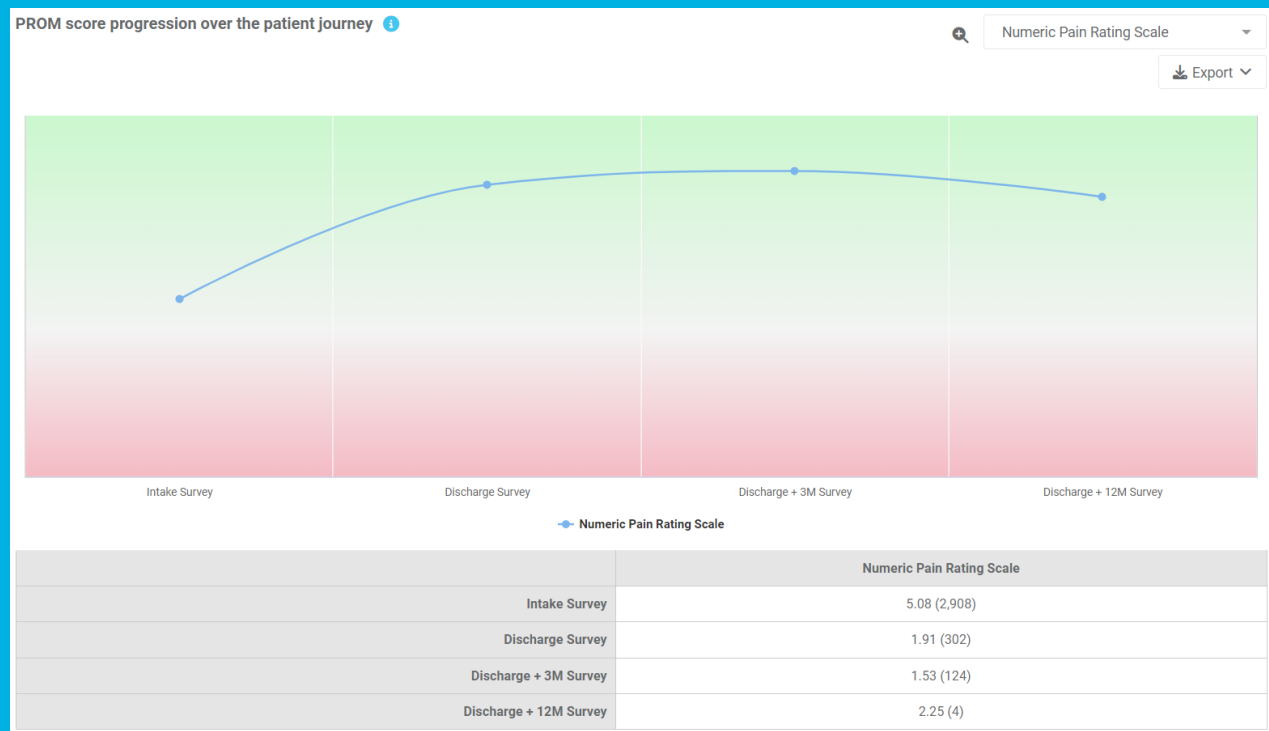


Average score nationally 36.87 from 2,931 respondents

Patient Reported Outcome Measures

Pain – Numerical Pain Rating Scale (NPRS)

Respondents are asked to rate pain over the last week on a 0-10 rating scale. Low score means low pain ratings.



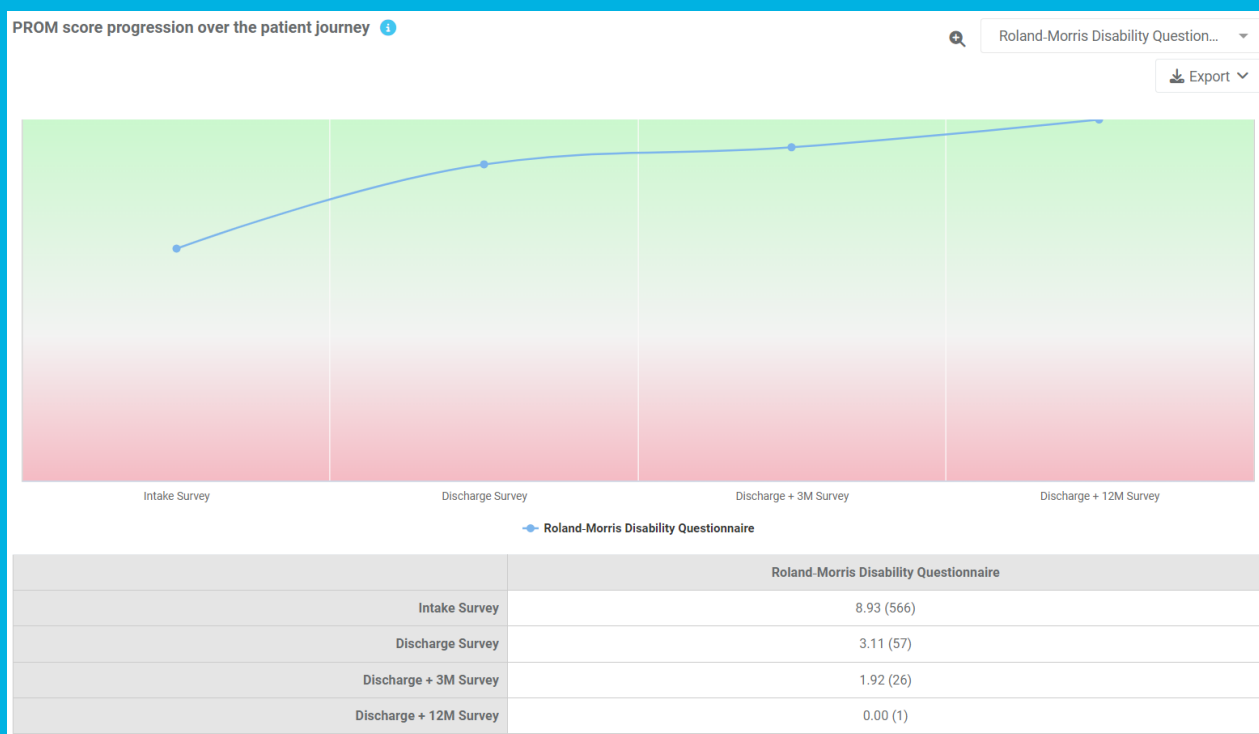
Average change nationally pre-post treatment = -3.17* points.

Clinically meaningful change on NPRS = +/- 2 points.

The clinically meaningful change was maintained at 3 and 12 months following discharge.

Roland and Morris Disability Questionnaire (RMD)

Used for identifying disability related to low back pain and in the pilot for thoracic pain. Scored out of 24. High score indicates greater disability.



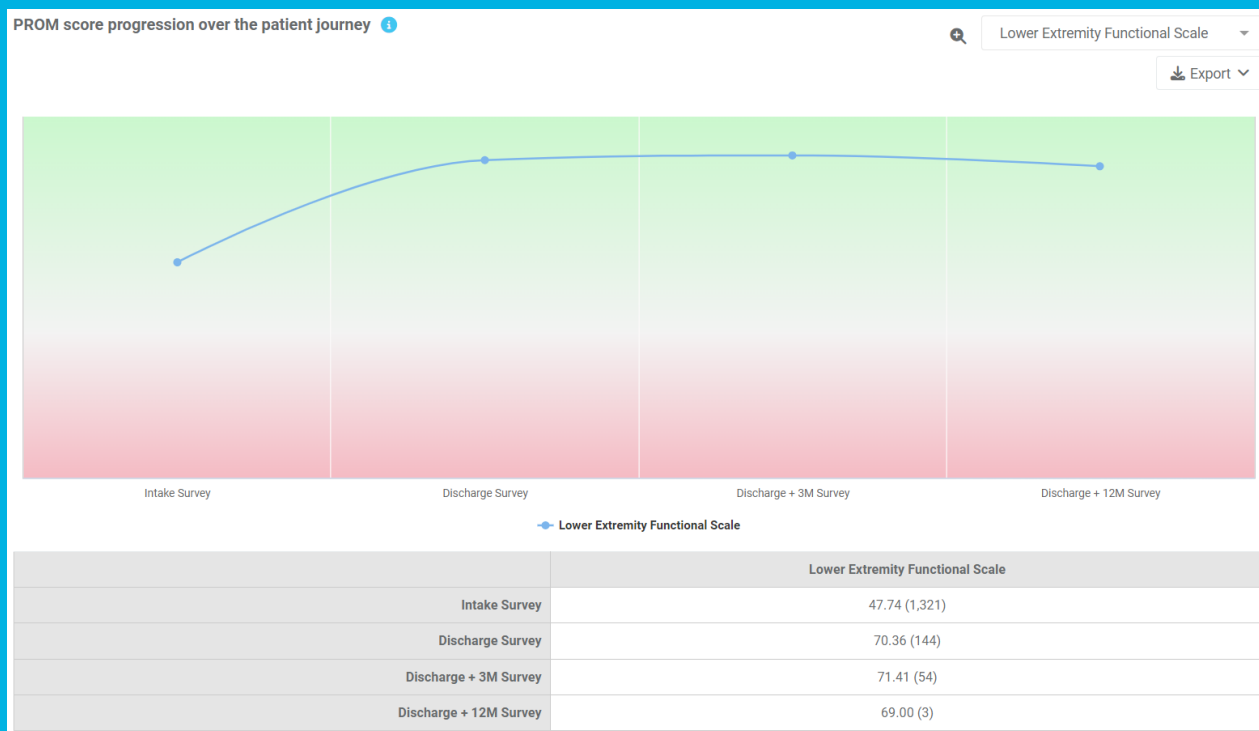
Average change nationally pre-post treatment = -5.82* points.

Clinically meaningful change on the RMDQ = +/- 5 points.

The clinically meaningful change was maintained at 3 and 12 months following discharge.

Lower Extremity Functional Scale (LEFS)

Used to rate disability related to various lower limb injuries. Scored out of 80 points. Low score indicates higher disability.



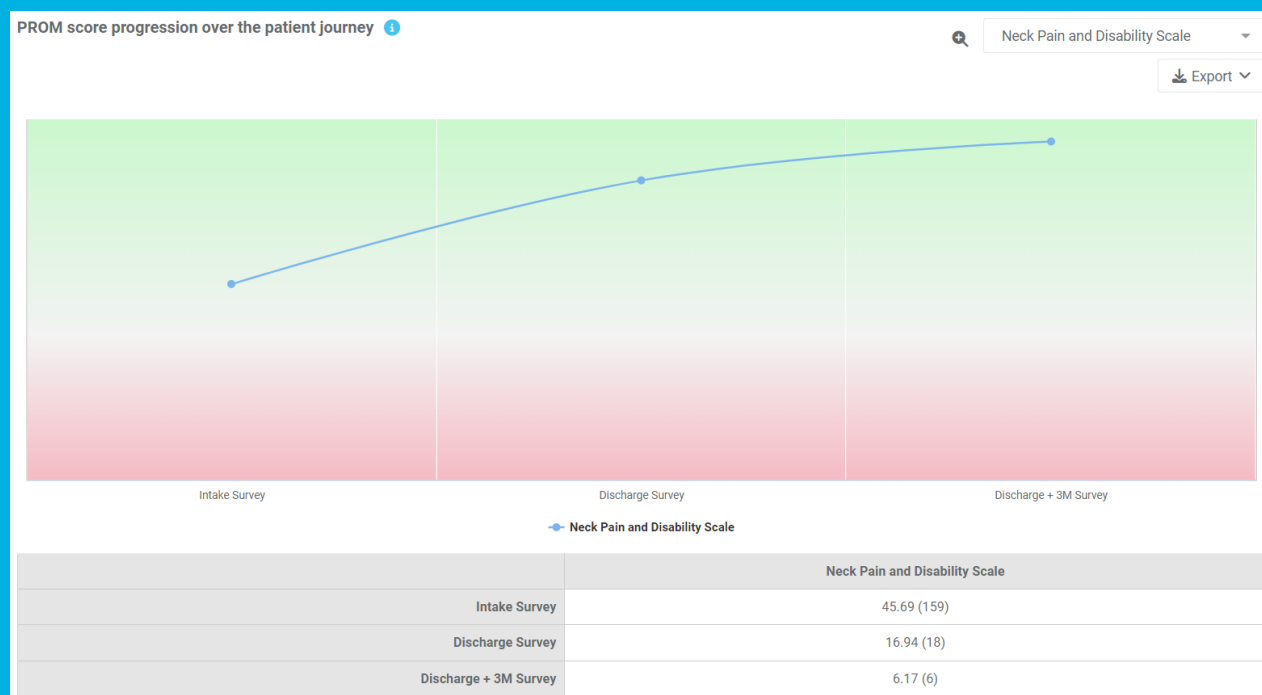
Average change nationally pre-post treatment = +22.62* points.

Clinically meaningful change on LEFS = +/- 9 points.

The clinically meaningful change was maintained at 3 and 12 months following discharge.

Neck Pain and Disability Scale (NPDS)

Used to rate disability related to neck pain. Scored out of 100. Higher score indicates greater disability.



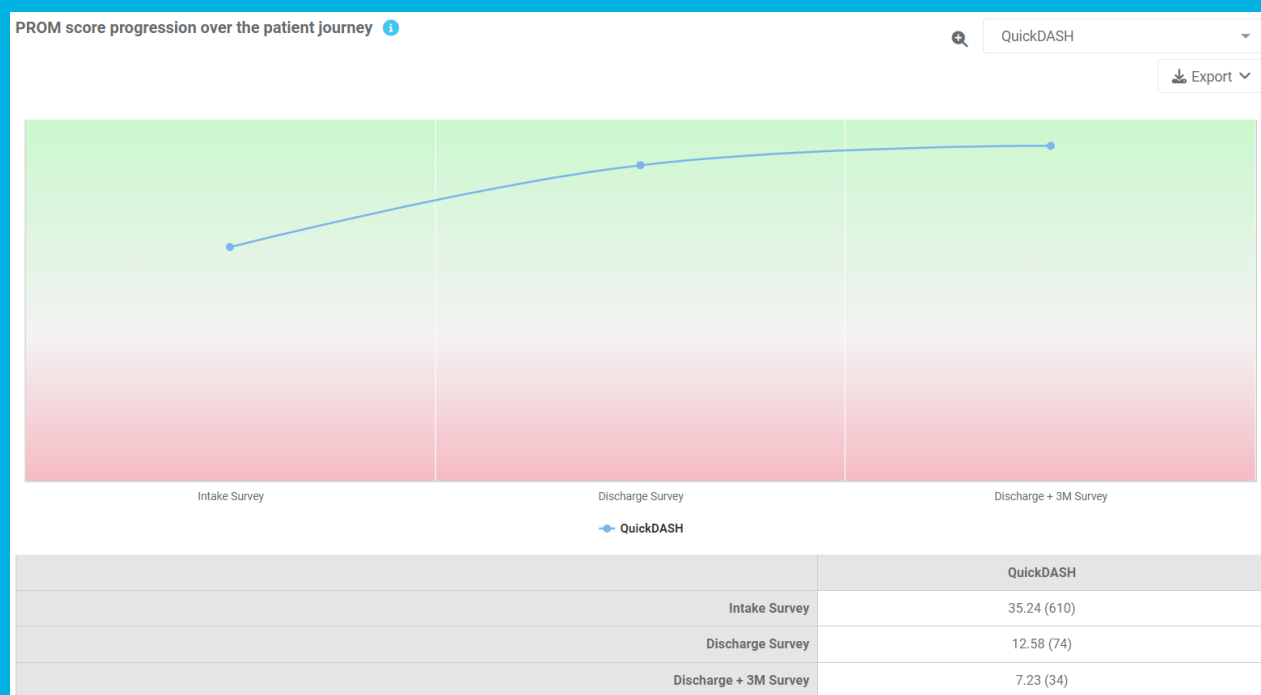
Average change nationally pre and post treatment= -28.75*

Clinically meaningful change for the NPDS = +/- 10.05 points.

The disability score continued to reduce at 3 months following discharge.

QuickDash (QDASH)

Used for rating disability related to upper limb problems (shoulder, elbow, wrist and hand). Scored out of 100. A higher score indicates greater disability.



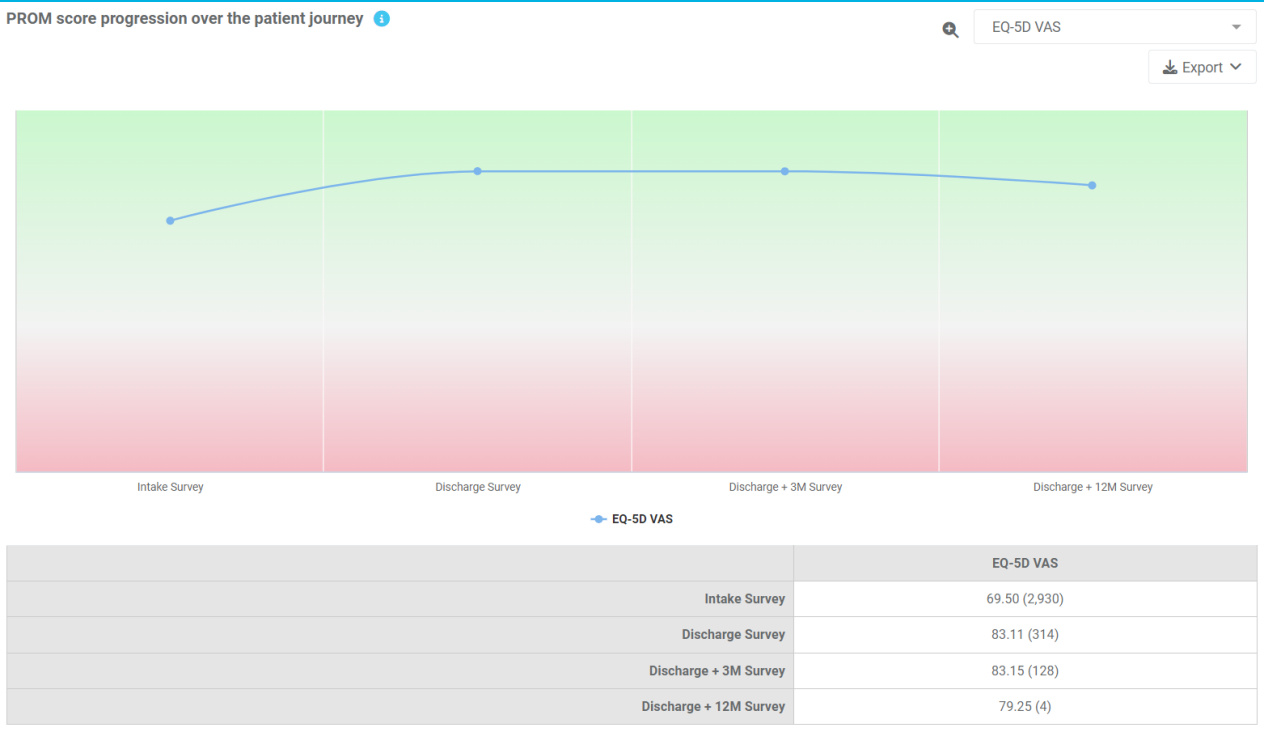
Average change nationally pre-post treatment = -22.66* points.

Clinically meaningful change on the QDASH = +/- 16 points.

The disability score continued to reduce at 3 months following discharge.

EQ-5D VAS

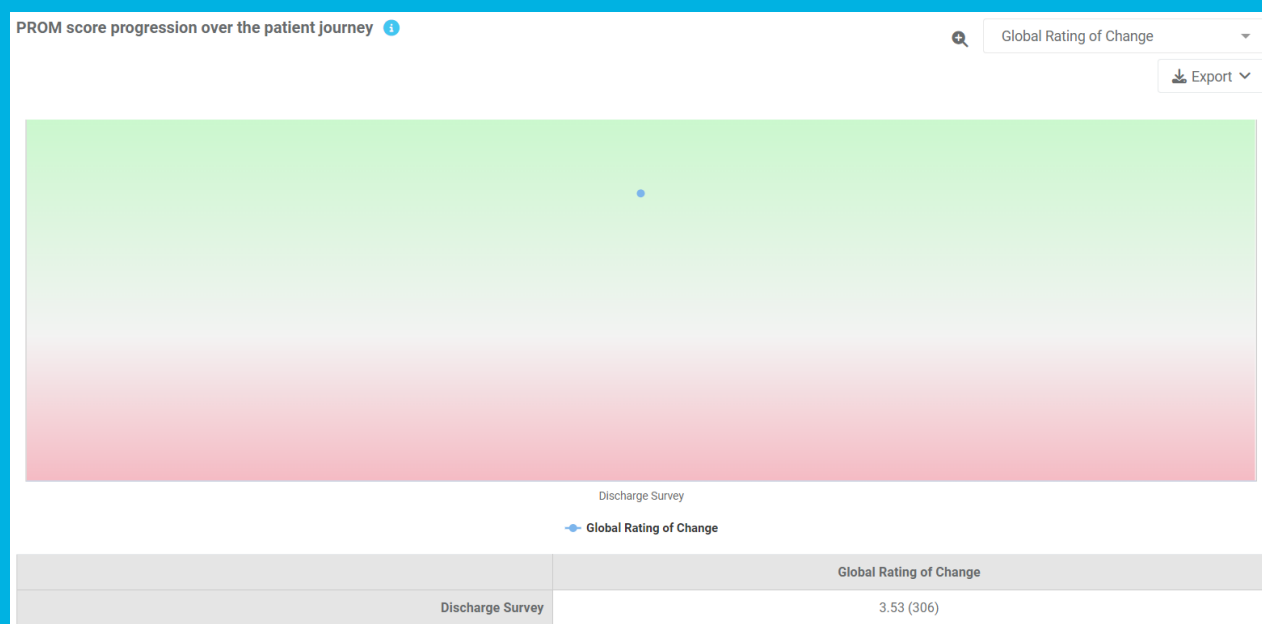
A standard vertical visual analogue scale, used in recording an individual’s rating of their overall current health-related quality of life. The scale ranges from 0 (‘the worst imaginable health state’) to 100 (‘the best imaginable health state’).



Average change nationally pre-post treatment = +13.61 points.
No clinically meaningful change score is available for this tool.
This change was maintained at 3 month and 12 months following discharge.

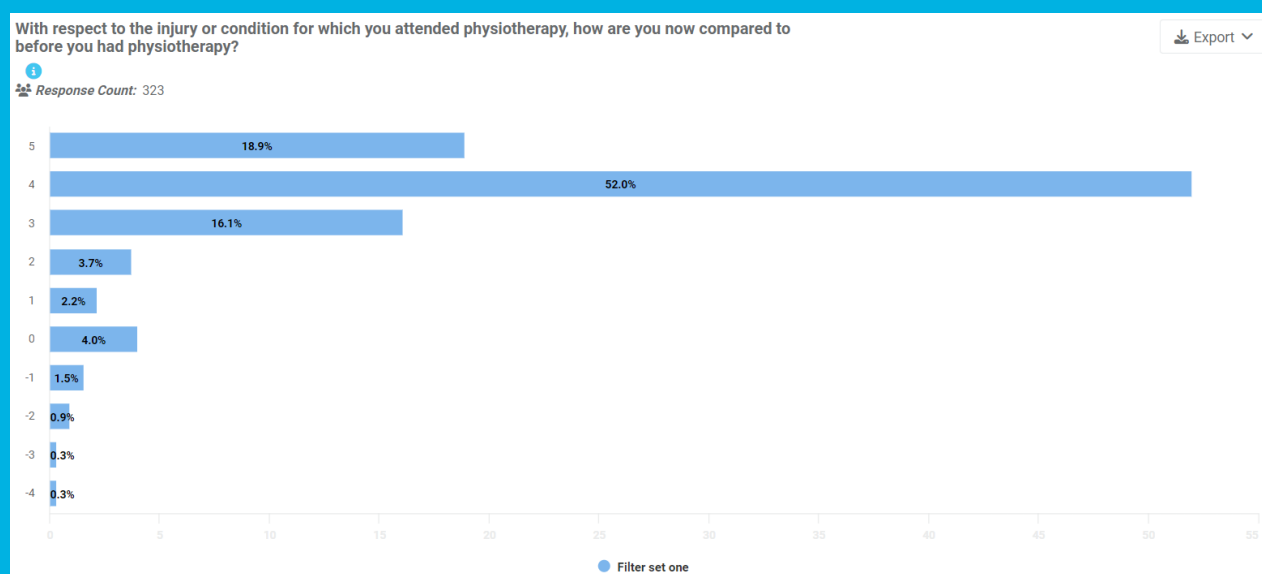
Global Rating of Change (GROC)

The GROC is a patient rated impression of change measure. Scored at discharge only. Respondents rate the direction and magnitude of change in their condition on a scale from -5 to +5.



Mean change +3.53

Frequency of responses of GROC score



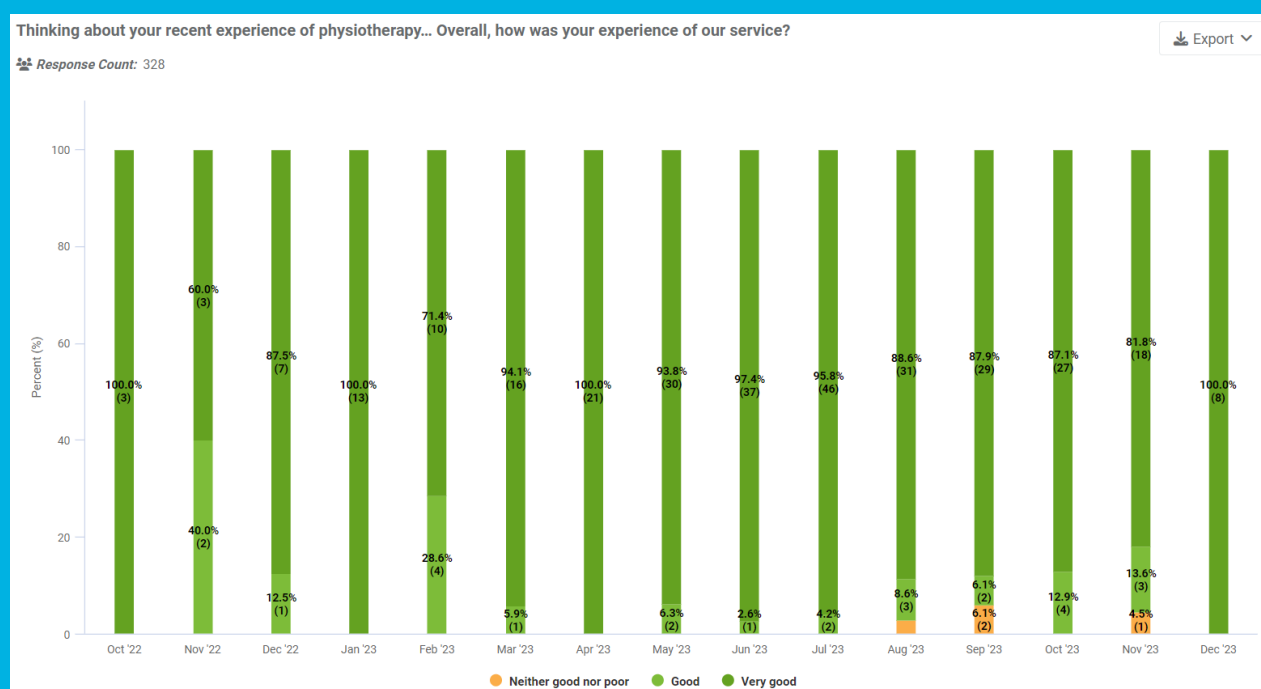
Patient Reported Experience Measure

NHS Friend and Family Test

Consists of one scale question and two open ended questions. Responses to open ended questions are not presented in this report.

The scale question wording is as follows: *Thinking about your recent experience of physiotherapy... Overall, how was your experience of our service?*

Responses are rated from very good to very poor and include a 'don't know' option.



No responses were received in the 'Poor', 'Very Poor' or 'Don't Know' categories.