



## OMT-France publishes the first French physiotherapy guide for triage of patients with neuromusculoskeletal conditions – a step toward direct access in French speaking countries

Jean-Michel Brismée, Frédéric P. Froment, Nicolas Bellot, Aurore Mambriani, Guillaume Chauvet, Solenne Chevrier, Thibault Desjardins, Sylvain Riquier, Lanto Harisoa Rakotoarivelo, Kader Datoussaid & Laurent Pitance

**To cite this article:** Jean-Michel Brismée, Frédéric P. Froment, Nicolas Bellot, Aurore Mambriani, Guillaume Chauvet, Solenne Chevrier, Thibault Desjardins, Sylvain Riquier, Lanto Harisoa Rakotoarivelo, Kader Datoussaid & Laurent Pitance (2022) OMT-France publishes the first French physiotherapy guide for triage of patients with neuromusculoskeletal conditions – a step toward direct access in French speaking countries, *Journal of Manual & Manipulative Therapy*, 30:5, 259-260, DOI: [10.1080/10669817.2022.2119348](https://doi.org/10.1080/10669817.2022.2119348)

**To link to this article:** <https://doi.org/10.1080/10669817.2022.2119348>



Published online: 15 Sep 2022.



Submit your article to this journal [↗](#)



Article views: 950



View related articles [↗](#)



View Crossmark data [↗](#)

## OMT-France publishes the first French physiotherapy guide for triage of patients with neuromusculoskeletal conditions – a step toward direct access in French speaking countries

Earlier this year, the Organization for Musculoskeletal Therapy of France (OMT-France) in collaboration with the Preuve et Evidence en Kinésithérapie Association de Bretagne (PEKAB) association produced in French language an *open-access* triage guide (<https://www.omt-france.fr/le-guide-du-triage-en-kinesitherapie-musculo-squelettique/>) for physiotherapists assessing patients with neuro-musculoskeletal conditions. The aims of this first screening guide were to introduce the notions of triage and to provide information on common red flags organized by systems. An appropriate triage makes it possible to redirect patients either directly to the emergency room (ER) or to their attending physician or to be able to safely initiate physiotherapy treatment. This guide will be regularly updated in order to offer a document based on current scientific data. The information that will emerge from the latest scientific studies, as well as new recommendations in the field of triage, will therefore be integrated and updated.

Direct access refers to the circumstances where physiotherapy services are available to patients/clients without the requirement of a referral from a healthcare provider such as a physician [1]. Triage in physiotherapy is not a skill reserved only for those physiotherapists who practice direct access and who need to ensure treating their patients safely but also a necessary skill in cases where a patient's condition changes, whether during the physiotherapy treatment or simply between the time the physician was consulted and the time the physiotherapist initiates treatment.

OMT-France joined the International Federation of Orthopedic Manipulative Physical Therapists (IFOMPT) in 2020 as a Member organization. Belgium, Switzerland and Canada are the only three other French speaking countries that are Member Organizations of IFOMPT. The publication of this *open-access* triage guide could lead to more French-speaking countries including Luxembourg and Monaco in Europe, the African countries including Algeria, Benin, Burkina Faso, Burundi, Cameroon, Chad, Comoros, Côte d'Ivoire, Democratic Republic of Congo, Djibouti, Guinea, Haiti, Madagascar, Mali, Morocco, Niger, Rwanda, Senegal, Seychelles, Togo, Tunisia, Vanuatu, and those from America and

Oceania and adoption of educational standards for physiotherapists that include triage in entry-level or post-professional programs. Such steps could lead to more autonomy of the physiotherapy profession but also the potential for more physiotherapists being able to offload the medical system in ERs and outpatient clinics by allowing them to make decision and evaluate, treat and educate patients with neuromusculoskeletal conditions [2] without requiring the patients to consult a medical provider first [3].

There is evidence that consulting a physiotherapist first results in significant cost savings [4,5], improves clinical outcomes in ERs [6], and decreases opioid prescriptions, ER visits, and imaging [7]. In the global burden of disease, low back pain, neck pain, and other musculoskeletal conditions rank in the top 4 of years lived with disability in 25- to 64-year-old patients in both developed and developing countries [8]. Many patients suffer chronic pain and physical disability related to musculoskeletal conditions, and general medical practitioners are currently inadequately prepared and trained to deal with this challenge [9,10].

Although safety, patient satisfaction [11], quality of care, and cost-effectiveness of MSK physical therapists [3–5,12] have been demonstrated in extended roles within primary care clinics, implementation of non-physician-led primary care programs and health care policies in many countries have not been updated to reflect these superior cost-saving measures. It is time to further define the role of physiotherapists within the health care system around the world, both in developed and developing nations.

The initiative of OMT-France to publish this *open-access* physiotherapists' guide of triage of patients with neuromusculoskeletal conditions is one more step toward patients' direct access for physiotherapy care and the ability for skilled physiotherapists to assess and manage patients as a novel point of entry in the health-care system to unload the medical providers and decrease cost of care.

### Disclosure statement

No potential conflict of interest was reported by the authors.

## Funding

The authors reported there is no funding associated with the work featured in this article.

## References

- [1] Department of Health. Self-Referral pilots to musculoskeletal physiotherapy and the implications for improving access to other AHP services. London, UK: Department of Health; 2008. [https://webarchive.nationalarchives.gov.uk/20130124044256/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_116358.pdf](https://webarchive.nationalarchives.gov.uk/20130124044256/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_116358.pdf) (Accessed August 22, 2022).
- [2] Brismée J-M, Pape JL, Woodhouse LJ, et al. Reflections and future directions on extending physical therapist scope of practice to improve quality of care and preserve health care resources. *Phys Ther.* 2018 Oct 1;98(10):827–829. [10.1093/ptj/pzy080](https://doi.org/10.1093/ptj/pzy080)
- [3] Clark B, Clark L, Showalter C, et al. A call to action: direct access to physical therapy is highly successful in the US military. When will professional bodies, legislatures, and payors provide the same advantages to all US civilian physical therapists? *J Man Manip Ther.* 2022 Aug;30(4):199–206.
- [4] Hon S, Ritter R, Allen DD. Cost-Effectiveness and outcomes of direct access to physical therapy for musculoskeletal disorders compared to physician-first access in the United States: systematic review and meta-analysis. *Phys Ther.* 2021;101(1):zaa201.
- [5] Standfield L, Comans T, Raymer M, et al. The efficiency of increasing the capacity of physiotherapy screening clinics or traditional medical services to address unmet demand in orthopaedic outpatients: a practical application of discrete event simulation with dynamic queuing. *Appl Health Econ Health Policy.* 2016;14(4):479–491.
- [6] Gagnon R, Perreault K, Berthelot S, et al. Direct-Access physiotherapy to help manage patients with musculoskeletal disorders in an emergency department: results of a randomized controlled trial. *Acad Emerg Med.* 2021;28(8):848–858.
- [7] Frogner BK, Harwood K, Pines J, et al. Does unrestricted direct access to physical therapy reduce utilization and health spending? *Health Policy and Management Issue Briefs.* 2016. Paper 41; [https://hsrc.himmelfarb.gwu.edu/sphhs\\_policy\\_briefs/41](https://hsrc.himmelfarb.gwu.edu/sphhs_policy_briefs/41). Accessed August 4, 2022.
- [8] GBD Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet.* 2016;388:1545–1602. [10.1016/S0140-6736\(16\)31678-6](https://doi.org/10.1016/S0140-6736(16)31678-6)
- [9] Theis J-C Musculoskeletal undergraduate curriculum: what is required? *N Z Med J.* 2011;124:1334. 1335
- [10] Tregonning R, Bossley C Teaching of musculoskeletal medicine in New Zealand. *N Z Med J.* 2011;124:1337. 1338
- [11] Kennedy DM, Robarts S, Woodhouse L. Patients are satisfied with advanced practice physiotherapists in a role traditionally performed by orthopaedic surgeons. *Physiother Can.* 2010;62(4):298–305.
- [12] Chang AT, Gavaghan B, O'Leary S, et al. Do patients discharged from advanced practice physiotherapy-led

clinics represent to specialist medical services? *Aust Health Rev.* 2018;42(3):334–339.

Jean-Michel Brismée  
*Center for Rehabilitation Research, Department of Rehabilitation Sciences, School of Health Professions, Texas Tech University Health Sciences Center, Lubbock, Texas*  
 [JM.BRISMEE@TTUHSC.EDU](mailto:JM.BRISMEE@TTUHSC.EDU)

Frédéric P. Froment  
*IAMPT (International Academy of Musculoskeletal Physiotherapy), Chartres, France*

Nicolas Bellot  
*IAMPT (International Academy of Musculoskeletal Physiotherapy), Chartres, France*  
*School of Health Sciences, University of Brighton, Eastbourne, UK*

Aurore Mambriani  
*OMT-France, Paris, France*

Guillaume Chauvet  
*OMT-France, Paris, France*  
*PhysioDôme, Clermont-Ferrand, France*

Solenne Chevrier  
*OMT-France, Paris, France*

Thibault Desjardins  
*PEKAB (Preuve et Evidence en Kinésithérapie Association de Bretagne), Lannion, France*

Sylvain Riquier  
*Ecole de la santé du dos et des articulations, Paris, France*

Lanto Harisoa Rakotoarivelo  
*Association des Kinésithérapeutes de Madagascar, Antananarivo, Madagascar*

Kader Datoussaid  
*ETMA (Collège d'enseignement en Thérapies Manuelles Appliquées), Brussels, Belgium and Tunis, Tunisia*

Laurent Pitance  
*Clinical Research Institute, Neuro-musculo-skeletal Lab (NMSK), Université Catholique de Louvain, Brussels, Belgium*