Service Priorities and Programmes

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Re-engineering for physiotherapy management of non-traumatic shoulder condition by enhancing active exercises and self-management

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Introduction

Non-traumatic shoulder pain, as the third most common musculoskeletal condition and with a lifetime prevalence of 1 in 3 person, has persistently been a hefty workload to the Physiotherapy out-patient service in Hospital Authority. In Prince of Wales Hospital, we used to provide non-standardized individual care for this patient group, with waiting list ranged from weeks to months. As timely physiotherapy intervention with patient empowerment is proven with evidence to be the key factors for better outcome, the current service model is suboptimal. “Increase case intake to decrease waiting list”, “Patient empowerment” vs “quality care from clinicians” are typical dilemmas. Through service re-modeling and lean management, a new service model with rehabilitation class is set up with the following objectives:

Objectives

☐ To shorten the waiting list for non-traumatic shoulder case and provide timely physiotherapy intervention within existing manpower resources ☐ To empower patients to enhance active management

Methodology

All non-traumatic shoulder cases were assigned to rehabilitation classes. In the first session, individual subjective and objective assessments were done, followed by group education class for self-management and group exercise class for postural, mobilization and strengthening training. Individually tailored exercises program, revision and practice of exercises in groups were arranged subsequently. The average patient intake and the average number of treatment session were measured. Disabilities of the Arm, Shoulder and Hand questionnaire (DASH) was employed to measure the upper limb functional outcomes of the rehabilitation class.

Result

From September to December 2014, 86 non-traumatic shoulder cases entered the classes. The monthly intake of new cases within the same time-slot increased 3.5 folds from 8 to 28. The average number of treatment session was 3.2, which was much less than the average number of treatment session of the department (overall 6.3 in PWH in 2013). Patients in the class were empowered for self-management and active daily home exercises. The average deduction of 13.7 % was noted in DASH, showing significant improvement in upper limb function ($P<0.01$). With tailor-made program and lean management, a win-win solution for both patient and health care worker could be achieved.