



Physiotherapy Integration Toolkit

A Practical Guide for
General Practice

Foreword

As the demands on healthcare providers continue to grow, innovative solutions are essential to enhance service delivery, improve patient outcomes, and alleviate pressures on our dedicated healthcare teams. The integration of physiotherapy services into general practice represents a transformative step towards holistic, patient-centered care.

Our “Physiotherapy Integration Toolkit” is a comprehensive guide designed to support general practices in seamlessly incorporating physiotherapy into their care models. This toolkit provides practical insights, evidence-based strategies, and actionable steps to ensure successful integration, benefiting both patients and healthcare providers. It covers essential aspects of integration, from defining the scope of physiotherapy roles and selecting appropriate service models to setting up the practice environment and promoting the service to patients.

This is an important step to not only improve patient access to physiotherapy care but also empower physiotherapists to share the growing burden of work currently in general practice. By embedding physiotherapists within general practice teams, practices can offer timely, expert, and specialized care, fostering a collaborative environment where healthcare professionals can work together to deliver the best possible outcomes for their patients.

I want to take this opportunity to acknowledge the work of many, who without their contributions, we would not be in a position to launch this book. Special thanks to Jolene McLaughlin and Sarah Duncan for all your mahi on this project. Additionally, we extend our gratitude to Newtown Medical, Te Aro Health Centre, and Waikanae Health for their invaluable support and collaboration.

We hope this guide serves as a valuable resource for practices looking to enhance their service offerings and embrace a more integrated approach to patient care. We also hope this guide leads to greater interprofessional working between primary care and physiotherapy going forward. By working together, we can create a healthcare system that is more efficient, effective, and responsive to the needs of our communities.

Ngā manaakitanga,



Katie Mottram
General Manager, Wairarapa

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Introduction

With increasing demands on primary care, general practices are seeking new ways to enhance care delivery and reduce the strain on their teams. Integrating a physiotherapist role into your practice can offer a viable solution. Physiotherapists can improve access to specialised care, optimises patient outcomes, and eases the workload on existing team members. Their work aligns with the Pae Ora/ Healthy Futures vision, ensuring whānau and communities have access to local, high-quality care when they need it.

This guide serves as a practical toolkit for practices interested in enhancing their team with a physiotherapist. It outlines clear steps to establish a service that benefits patients, supports the practice team, and improves operations, including:

- **The scope of a physiotherapist's role** and the value they can bring to your team.
- **Evidence-based models of care** that support early intervention and patient self-efficacy.
- **Financial and operational insights**, including metrics to ensure sustainability.
- **Practical tools and templates** to tailor services to your practice and patient needs.

For practices already familiar with room-rental arrangements or co-located physiotherapy services, this guide goes further by showing how to fully integrate physiotherapy services into your practice.





Did you know?

Research indicates that many individuals with MSK concerns still consult their GP/NP first, even when self-referral options to physiotherapy are available.¹

Physiotherapists embedded in general practice teams can provide timely care for these patients presenting to their practice, relieving GP/NP workload while enhancing the patient's recovery journey. This approach contrasts with direct-access physiotherapy services, such as private clinics, who typically support patients who already recognise their own need for physiotherapy.

Top tips for Success



Be Prepared

Define your service goals and plan how you will implement the service into daily practice.



Choose the Right Service Model

Choose a physiotherapy model that aligns with your patient demographics, business model and practice goals.



Set Up the Practice Environment

Equip your clinic room with the necessary space and tools, and create a clear process for seeking help. This helps maintain high-quality care and supports clinician wellbeing.



Get the Team Onboard

Ensure all staff understand the physiotherapist's role, referral pathways and service objectives.



Provide Clinical Support

Make sure your physiotherapist has access to supervision, peer support, and a clear process for seeking help. This helps maintain high-quality care and supports clinician wellbeing.



Promote the Service

Inform patients about the service through in-practice materials, your practice website, and social media.



Monitor, Adapt and Gather Feedback

Regularly evaluate the service's impact on practice workload, patient satisfaction, and service uptake. Use feedback to fine-tune workflows and improve the integration process.

Overview of Physiotherapy

Physiotherapists are highly skilled healthcare professionals who use evidence-based techniques to help restore movement and function to anyone affected by an injury, disability or health condition.

Drawing on their in-depth understanding of body mechanics and hands-on clinical skills, they assess, diagnose, and treat a wide range of symptoms and conditions. ²

Physiotherapists can submit ACC claims, refer for radiology investigations, and make specialist referrals as required, ensuring streamlined, comprehensive patient care.

Key Competencies

Physiotherapists can work collaboratively with primary care teams, excelling in:



Proactive Care Planning

Early intervention and personalised management plans.



Health Promotion

Self-management strategies to encourage patient independence and increased self-efficacy.



Condition Management

Skilled in assessing, managing, and supporting recovery from various conditions, tailoring interventions to meet individual needs and improve overall function and quality of life.



Team Collaboration

Ensuring integrated care with other health professionals in your practice such as HIPs and Clinical Pharmacists.



Community Integration

Connecting patients to local health and wellbeing providers for ongoing support.



System Knowledge

Navigating healthcare pathways to optimise patient care.



Physiotherapy in General Practice

Physiotherapists in general practice typically focus on managing musculoskeletal (MSK) conditions, which account for up to 30% of GP visits annually.^{3, 4}

They provide expert assessment, treatment, and advice for conditions such as back pain, soft tissue injuries, osteoarthritis, and mobility issues; delivering timely, specialised care to support general practice workloads and improve patient outcomes.

Note

This guide is focused on MSK care. Physiotherapists can also work in other specialty areas, depending on their clinical expertise.

Common specialties include (but are not limited to) neurology, respiratory care, rheumatology, paediatrics, pain management, pelvic health, vestibular rehabilitation, hand therapy and generalist rehabilitation for the management of long-term conditions (LTCs).

Practices should consider the needs and demographics of their population to determine which area of physiotherapy would be most beneficial. Speak with interested physiotherapists to understand their expertise and how these could align with your practice's needs.

Benefits to Patients



Trusted Relationships:

Strong patient relationships enhance engagement and adherence to treatment plans.



Increased Accessibility:

Patients benefit from equitable pricing under general practice models, e.g. reduced costs for CSC holders.



Seamless, Coordinated Care:

Physiotherapists work closely with the practice teams and community healthcare providers to ensure smooth transitions and coordinated patient care.



Faster Access to Care:

Physiotherapists help patients access the right care quickly, reducing delays in treatment and waiting times for GP/NP appointments.

Benefits to Practices



Increased Practice Capacity:

Physiotherapists can independently manage MSK cases, freeing up GP/NP time and improving efficiency.



Patient Centred Care:

Working collaboratively within the practice team ensures an integrated approach, and reduces the need for external referrals.



Additional Team Expertise:

Physiotherapists offer MSK expertise, second opinions, and inhouse training and skill sharing with the team.



Income Generation:

Physiotherapy services can provide a steady income stream through patient co-payments and ACC billing.

Professional Standards of Practice

Practicing Requirements

Physiotherapists in New Zealand must meet professional standards set by the Physiotherapy Board:

- **Registration and Scope of Practice:** Physiotherapists must be registered under one of three scopes – General, Advanced Practice, or Specialist.
- **Annual Practicing Certificate (APC):** Mandatory for practice and confirms ongoing competency.
- **Continuing Professional Development (CPD):**
 - Minimum of 100 hours over three years.
 - Includes an annual development plan, peer review, and reflective statements on cultural, ethical, and professional competence.

Optional Membership

Physiotherapy New Zealand (PNZ) offers professional support, best practice resources, advocacy, and networking opportunities.

Support and Supervision

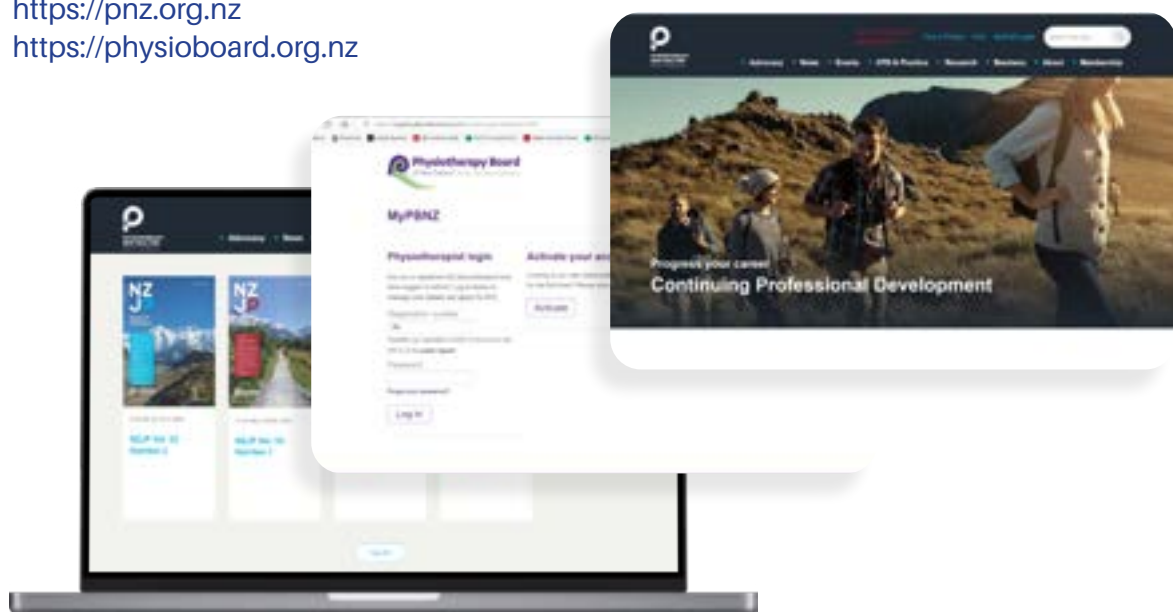
Practices should allocate time and resources to maintain professional standards, enhance service quality, and support the well-being of physiotherapists ⁵, including:

- Covering **APC certification and PNZ membership costs** (commonly included in employment agreements).
- Allocating time for **physiotherapy-specific professional development** (e.g. one hour per month).
- Providing structured supervision and opportunities for **peer collaboration** (e.g. monthly case reviews or group discussions).

For further information, see:

<https://pnz.org.nz>

<https://physioboard.org.nz>



Skillset Requirements

For successful integration into primary care, physiotherapists must have skills that align with the needs of the practice and its patient population.

Key Requirements

- **Evidence-Based Practice:**
Ability to apply and adapt the latest evidence to deliver high-quality patient care.
- **Advanced Communication & Teamwork:**
Skilled in engaging with diverse patients and collaborating within a multidisciplinary team.
- **Clinical Autonomy:**
Experienced MSK physiotherapist (5+ years), with a broad skillset capable of managing a wide spectrum of conditions commonly seen in general practice.
- **Health System Navigation:**
Comprehensive knowledge of local and regional support services to provide holistic care.
- **Health Equity:**
Applies an equity lens to all work, focusing on improving health outcomes for Māori, Pacific peoples, and other priority populations.
- **Te Tiriti o Waitangi & Cultural Safety:**
 - Recognises the impacts of colonisation, historical and intergenerational trauma when working with Tāngata Whenua
 - Demonstrates the ability to embed Te Tiriti o Waitangi principles and articles into workplace and clinical practice
 - Reflects on personal views and biases to ensure culturally safe clinical interactions and care for all patients.

Desirable Skills

- **Population Health Awareness:**
Understanding of common health issues affecting communities and the ability to deliver appropriate physiotherapeutic interventions to reduce burden of disease. For example, exercise therapy for diabetes or breathing exercises for chronic respiratory conditions.
- **Physiotherapy Advocacy:**
Ability to confidently promote the role of physiotherapy in improving wider health outcomes.



Planning for Successful Integration

Setting the Foundation

Introducing physiotherapy to your practice offers opportunities to enhance patient care, reduce clinician workload, and generate revenue. Success requires more than just hiring a physiotherapist – it needs thoughtful planning, goal setting, and a supported integration strategy. Clear pathways and processes are key to maximising value.

By answering these questions, you can design a service aligned with your practice's goals, clinical priorities, and financial feasibility. Consider the following:



- **What are your goals?**

Are you aiming to reduce the workload on GPs/NPs, improve access to MSK care, or expand the services provided by your practice?



- **What do your patients need?**

Would your patient population benefit most from early, direct access to physiotherapy for MSK conditions, or do you have a large cohort who would benefit from group rehabilitation programmes for chronic conditions like osteoarthritis, chronic pain, or falls prevention?



- **How will you prioritise access?**

Is there an underserved group at your practice that could benefit from physiotherapy services? Could an outreach clinic or targeted service model meet the needs of this population?



- **How does this role complement your team?**

How will physiotherapists be integrated into clinical workflows and decision-making, so they can contribute to discussions and overall patient care?



The Importance of Seamless Integration

Successful integration relies on trusted relationships within the team and the community. Well-integrated physiotherapists enhance practice flow through face-to-face handovers, shared expertise, and a seamless patient journey, improving outcomes and efficiency.

Key benefits include:



Shared Care for Better Outcomes

Physiotherapists co-design services, engage in team discussions and share caseload responsibilities, e.g. working with clinical pharmacists to reduce pain medication as patients progress in rehabilitation.



Streamlined MSK Pathways

Clear processes and communication ensures patients are directed to the right care at the right time for MSK care, minimising unnecessary delays and creating a smoother patient journey.

E.g. Comprehensive knowledge of fully funded ACC contracts that support recovery such as Stay At Work programme or Integrated Care Pathway (ICP).



Improved Clinical Efficiency

With physiotherapists managing MSK conditions, GPs and NPs can focus on other clinical priorities, optimising workflow and resources.

Physiotherapy Service Models

The type of physiotherapy service offered in your practice depends on individual practice needs, patient demographics, and available resources.

Below is an outline of different service models:

Service Model	Scope of Practice	Expected Outcomes
First Contact and Early Intervention	<ul style="list-style-type: none"> Patients access physiotherapy directly via self-referral, phone triage, or clinician referral. Focus on timely assessment, early intervention, and brief treatments (e.g. up to 3 sessions). Onward referral to community rehabilitation or specialist care for complex cases requiring extensive input. 	<ul style="list-style-type: none"> Faster, direct access to care and prompt intervention for MSK conditions. Reduced GP/NP MSK workload.
Comprehensive Treatment Interventions	<ul style="list-style-type: none"> Comprehensive care and treatment involving education, manual therapy, exercise prescription, and rehabilitation. Tailored to individual recovery needs, supporting independence. Interdisciplinary team management as required, e.g. HIP for mild to moderate mental health distress, clinical pharmacy for pain medication review. 	<ul style="list-style-type: none"> Effective management of acute, subacute and chronic MSK workload. Improved patient outcomes and quality of life. Reduced reliance on pharmacological management for MSK pain. Practice team involvement in patient care pathways, as appropriate.
Group Rehabilitation Classes	<ul style="list-style-type: none"> Focused group programmes for chronic condition management (e.g., osteoarthritis, falls prevention, cardiovascular rehab). Promotes education and self-management. 	<ul style="list-style-type: none"> Increased patient confidence and knowledge. Reduced need for one-on-one physiotherapy. Cost-efficient care.



Note

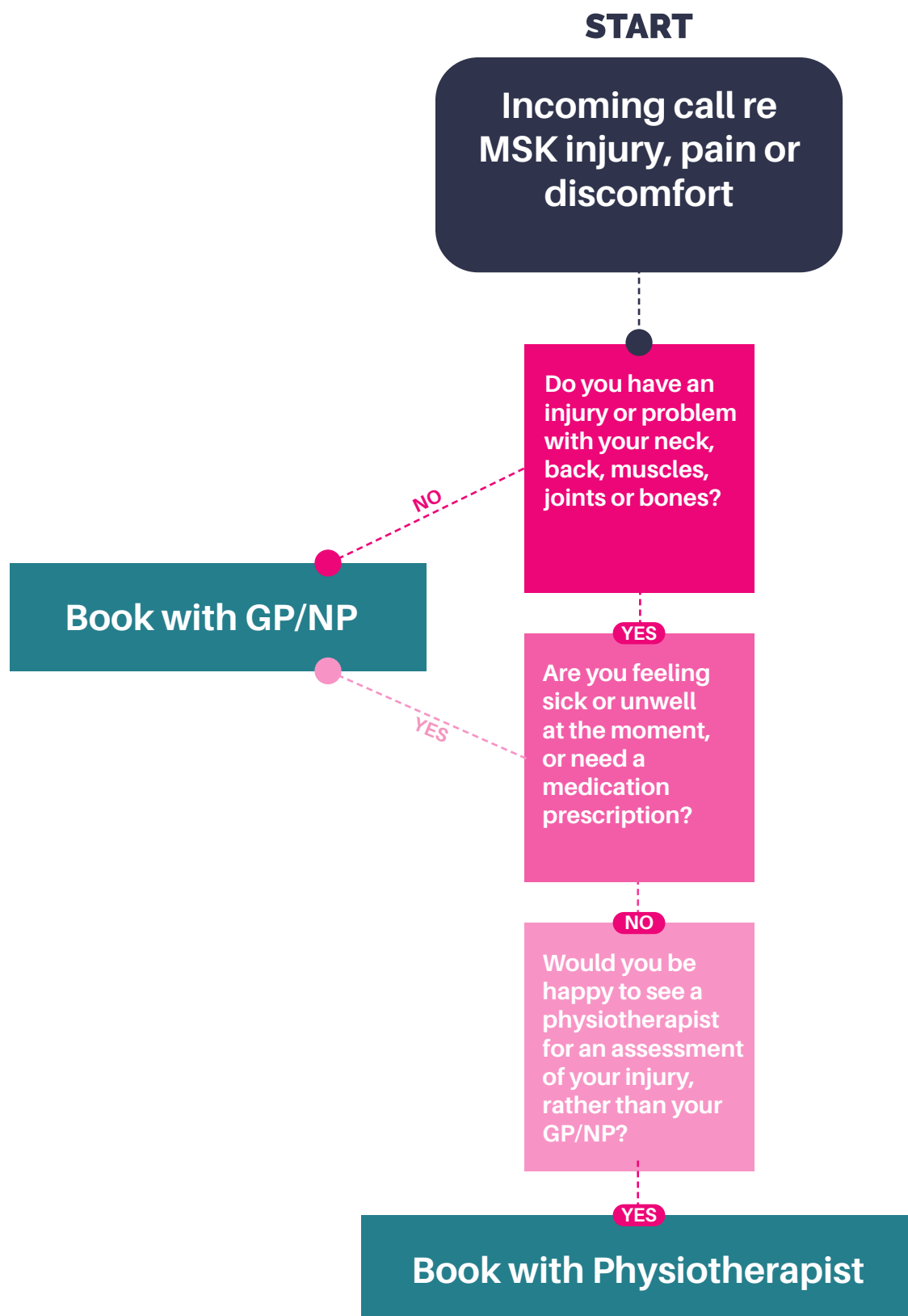
Practices can adopt a combination of these models, tailoring the service mix to meet patient needs and clinician expertise, optimise resources, and ensure maximum impact for both patients and the practice.

Example

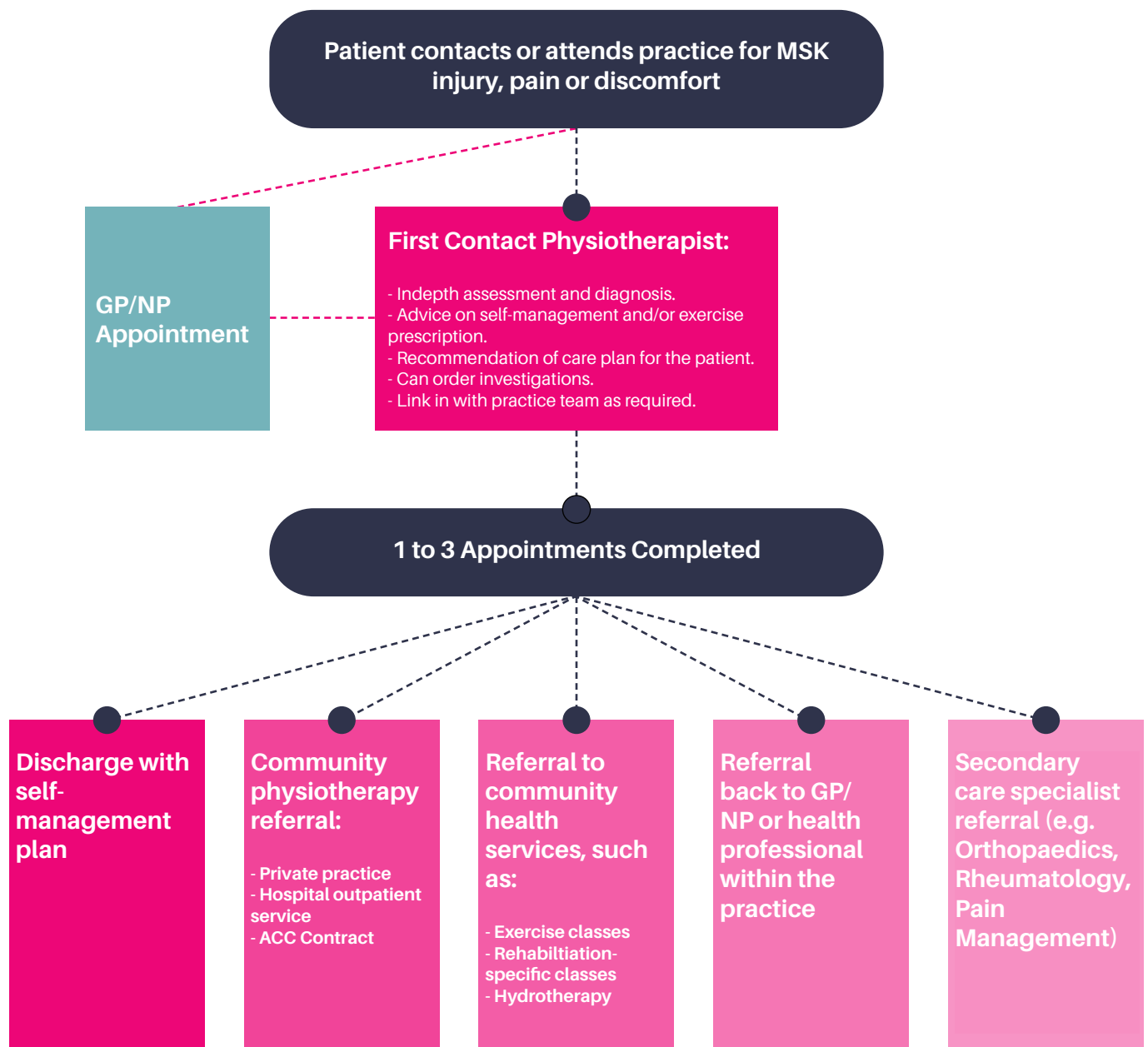
First Contact Physiotherapy (FCP): A one-year pilot in general practice showed that the FCP role improved patient access to MSK care, increased GP/NP efficiency, and provided a supportive pathway for patients with limited access to other healthcare services.

Example of Care Navigation Tree for Phone Triage Into Physiotherapy:

A strong practice triage system ensures that patients are appropriately referred to physiotherapy at the right time, optimising service use, reducing unnecessary GP/NP consults and streamlining care delivery.



Sample Flowchart of First Contact Physiotherapy In General Practice:



Employment Models

Selecting the right employment model is critical once the service model and role priorities are confirmed. To determine the best approach, practices should assess their patient demographics, goals, and financial position.

Employment Model	Pros	Cons
Direct Employment (Salaried) Employing a part-time or full-time physiotherapist	<ul style="list-style-type: none"> Seamless integration and continuity of care. Full practice control over service delivery. Consistent service quality. 	<ul style="list-style-type: none"> Practice responsible for recruitment and maintaining professional standards. Requires consistent income from the service to cover costs of the role, requires high patient volumes.
Contracted Services Hiring a physiotherapist on an hourly or sessional basis	<ul style="list-style-type: none"> Flexible hours and scalable services. Financial impact in low-demand periods. Fewer employment obligations for the practice. 	<ul style="list-style-type: none"> Higher contractor rates. Limited control over scheduling and continuity of care. Team integration may be challenging if physiotherapist is only onsite for patient appointments.
Public Health Partnership Collaborating with Te Whatu Ora (TWO) or Primary Health Organisations (PHOs)	<ul style="list-style-type: none"> Potential for a shared service agreement (e.g. TWO physiotherapy services being delivered from a general practice setting). Aligns with healthcare models that focus on addressing the needs of high-priority populations. No direct employment costs for the practice. 	<ul style="list-style-type: none"> Funding and contract needed for shared services e.g. Comprehensive Primary Care Teams programme. Funding unlikely to be guaranteed long-term. Patient co-payments cannot be charged under Te Whatu Ora's model of care.
Private Physiotherapy Collaboration Renting room space to a sole physiotherapist or private provider	<ul style="list-style-type: none"> No employment or salary costs. Generates consistent passive income through room rental. 	<ul style="list-style-type: none"> Limited control over service delivery and patient experience. Team integration may be challenging if physiotherapist is only onsite for patient appointments. Patient fees retained by the physiotherapist.

Assessing Service Demand – Case Examples

In urban practices with 10,000 patients, a **first-contact triage and early intervention model** proved effective in managing musculoskeletal (MSK) conditions. The one-year pilot demonstrated that **one day of physiotherapy services** per week met demand, focusing on timely assessment, care planning, brief treatment, and onward referral to community services as needed.

From Newtown Medical Centre, an urban practice:

"Many positive aspects of this service: reduced wait times for patients, peace of mind knowing they had an option without going through another system, and being able to do a warm handover to introduce the physio. For this population, having an in-house physio to quickly resolve issues in an environment they know is so helpful."

In practices offering a **comprehensive physiotherapy model**, there is potential for a **full-time physiotherapist**, particularly in **rural** areas or **VLCA practices** where there are limited alternative health services available. Flexible care approaches, such as satellite clinics, can extend access to underserved populations, including remote and Māori communities. Additional funding streams may be necessary to support the financial viability of these expanded services.

From Te Aro Medical Centre, a VLCA practice:

"Physiotherapy services for our patient population group are very difficult to access. The pilot programme provided both triage and some ongoing sessions of physiotherapy to those patients who engaged in the service but who were unable to afford the cost associated with accessing private physiotherapy services once triaged."



Financial Considerations

Employing a physiotherapist can be financially viable with careful planning. Income potential varies significantly depending on employment type, service model, patient volume and ACC funding model.

For example, a first-contact model can provide immediate value, especially when supported by an effective clinical triage system that ensures timely referrals and optimises service use.

Income Potential

Practices with high patient volumes and diverse demographics can generate revenue through co-payments and ACC billing, potentially covering a physiotherapist's salary. However, practices with lower-income populations are unlikely to be able to support this role through patient-generated income alone, and may require other funding streams to support.

The table below outlines prospective daily income across different practice types, assuming an 80% booking rate:

Practice Type	Appointment Breakdown	Patient-generated Income	ACC Billing	Total Income per Day
Urban	12 appointments available (30 min each): <ul style="list-style-type: none"> Seven aged 14-65+ (\$60-70) Two CSC holders (\$19.50) One DNA (no charge) Two free slots Plus 5 ACC on-charges (\$31.50)	\$459 - \$529	\$157.50	\$616.50 - \$686.50
Contracted Services	8 appointments available (30-60 min each): <ul style="list-style-type: none"> Three no co-payment Two part-payments (\$10) Two DNAs (no charge) One free slot Plus 2 ACC on-charges (\$31.50)	\$20	\$63	\$83
Rural	9 appointments available (40 min each): <ul style="list-style-type: none"> Four age 18-65+ (\$60-\$70) Two CSC holders (\$19.50) One DNA (no charge) Two free slots Plus 4 ACC on-charges for rural practice (\$131.50)	\$279 - \$319	\$526	\$805 - \$845

Note: These projections assume 6 hours of clinical time, with 2 hours reserved for non-patient tasks (breaks, admin, meetings). Actual revenue will vary based on practice fees and population. Appointment duration will vary based on the service model and clinical priorities.

Salary and Daily Costs

The cost of employing a physiotherapist depends on both your employment model and physiotherapist's experience. For example:

- **Salaried Physiotherapist** (8-hour day): \$400-\$500 per day (plus ~20% employment overheads).
- **Contracted Physiotherapist** (6 hours of clinical time): \$550-\$650 per day.

Senior physiotherapists can earn between \$80,000 and \$120,000 annually, depending on experience. While primary care salaries may be lower than Te Whatu Ora MECA or private practice rates, practices can offer competitive packages to help attract and retain skilled physiotherapists.

Budgeting Considerations

Integrating physiotherapy requires financial planning to balance start-up costs, recurring expenses, and income potential. Key considerations include:

Start-Up Costs:



- **Room Preparation:** Allocating and setting up the physical space, e.g. treatment table.
- **Clinical Equipment:** Assessment aids and treatment tools.
- **Onboarding Resources:** Training and orientation for the physiotherapist.

Recurring Costs:



- **Salaries/Contractor Fees:** Main ongoing expenses.
- **Supplies:** May be on-charged to patients.
- **Clinical Supervision and Professional Development:** Support for physiotherapists.

Revenue Opportunities:



- **Patient Co-payments:** Helps offset costs, depending on service type and the employment model.
- **ACC Claims:** Contributes to practice revenue.

ACC Contracts

General practices in New Zealand can partner with ACC through various contract options to provide physiotherapy services for injured patients,⁶ such as:

1. ACC Cost of Treatment Regulations

For urban practices, funded per visit.
Rate: **\$31.50** per consultation.

2. Rural General Practice Services Contract

Designed for rural practices, with higher rates to reflect unique challenges.
Rate: **\$131.50** for 21-40 minute consultations.

3. Allied Health Contract

Covers physiotherapy and other allied health services, with higher rates than the Cost of Treatment Regulations.
Rates: **\$71** for initial appointments, **\$53** for follow-ups.
Limitations: Upfront auditing fee of \$5,000; additional ACC approval required after a set number of sessions.



Streamlining Care - Case Study in Action

Overview:

A 72-year-old female contacted her general practice with acute low back pain after lifting a heavy item. She was triaged over the phone and, rather than waiting 3 weeks for a GP appointment, she was offered an appointment with the physiotherapist in three days, which she accepted.

The physiotherapist assessed the patient, provided reassurance, and managed the acute symptoms over two sessions. A short-term pain medication script was coordinated with the GP. Following acute care, the patient was referred to a local private physiotherapist for ongoing support.

Patient Feedback:

"A great service to have in the medical center. The physiotherapist was professional and helpful—she gave me a clear plan, and I now feel more confident in managing my recovery. It's great that she works closely with my GP and practice nurse, as it helps everyone to see where I'm at with my injury and recovery."

Conclusion:

This case highlights the value of integrating physiotherapy into the practice team, enabling timely care, freeing up GP/NP appointments, and ensuring a holistic, patient-centred approach that enhances outcomes and practice efficiency.



Onboarding Guide

Establishing a physiotherapy service within your practice calls for clear planning, effective onboarding, and strong team collaboration. These practical steps will help you set up the service efficiently and ensure it delivers maximum benefit to both patients and staff.

Key Areas for Induction:

1. Initial Planning

- Define the physiotherapist's role, responsibilities, and service objectives.
- Establish clear referral pathways to ensure efficient patient flow.

2. Team Introduction and Integration

- Introduce the physiotherapist to the team, ensuring everyone understands the role and referral process.
- Foster collaboration and shared decision-making within the multidisciplinary team (MDT), encouraging attendance at clinic meetings.

3. Operational Setup

- Ensure the physiotherapy room space is properly equipped and accessible (e.g., height-adjustable plinth, basic assessment tools such as reflex hammer and treatment supplies as per the physiotherapist's needs).
- Provide training and access to practice management software, for scheduling patients and documenting clinical work. Suggest having dedicated IT support available during onboarding to ensure a smooth setup.

4. Induction and Training

- Onboard the physiotherapist, familiarising them with practice workflows, systems, and policies.
- Assign a clinical supervisor for ongoing support, to encourage growth and enhance quality of services delivered.
- Arrange protected learning time for professional development.
- Introduce the physiotherapist to practice emergency protocols (e.g., handling emergencies, medical escalation processes).

5. Marketing and Patient Awareness

- Promote the service through website updates, social media, and in-practice signage.
- Train reception staff to promote the new service.

6. Monitoring and Feedback

- Track key metrics such as patient satisfaction, service utilisation, clinical outcome measures and impact on practice workload.

7. Community Links

- Establish connections with local health and wellbeing resources for referrals and ongoing patient support.

Sample Induction Checklist:

Task	To-do	Date	Notes
Define the Physiotherapist's Role	Outline services (e.g., MSK early intervention, chronic condition support).		
Confirm goals	Align service objectives with practice goals.		
Clinical Supervision	Assign a clinical supervisor for guidance and support.		
Confirm Referral Pathways	Develop pathways for self-referral, triage, or clinician referrals.		
Community Links	Connect with local health and wellbeing resources patient support.		
Team Introduction	Introduce the physiotherapist to the team, ensuring role clarity.		
Encourage Teamwork	Establish communication channels within the MDT.		
Provide Space	Set up physiotherapy room		
Equipment	Equip the room with tools (e.g., height-adjustable plinth, assessment tools, treatment aids).		
Ensure IT Access	Provide training and access to practice management system (PMS) for scheduling, records, and communication.		
Onboarding	Train the physiotherapist on practice workflows, digital systems, and policies.		
Emergency Training	Brief the physiotherapist on handling emergencies (e.g., CPR, first aid, medical escalation processes).		
Promote the Service	Update the website, share on social media, and display signage/flyers.		
Reception Training	Train reception staff on how to promote and explain the service to patients.		
Set Metrics for Success	Track KPIs such as service utilisation, patient satisfaction, and practice impact.		
Regular Check-ins	Schedule meetings to review progress, address challenges, and refine workflows.		

Summary

As trusted, registered health professionals, physiotherapists bring a unique combination of expertise, evidence-based practice, and adaptability to general practice settings. Introducing physiotherapy into your practice offers an opportunity to enhance patient care, expand service offerings, and support your team.

This guide equips you with actionable steps for financial planning, tailored service models, role definition, and seamless integration strategies - empowering you to establish and sustain physiotherapy roles within your practice.

By investing in physiotherapy, you're not just addressing immediate challenges - you're strengthening your team, improving clinical outcomes, and leading the way in modern general practice.

For more support or to explore further resources, contact Tū Ora Compass Health or your local PHO.

References

1. Physiotherapy New Zealand. (2020). Public survey report. Retrieved from PNZ website (accessed December 2024).
2. Physiotherapy New Zealand. (n.d.). About physiotherapy in New Zealand | What is physiotherapy? Retrieved from PNZ website (accessed December 2024).
3. The prevalence of musculoskeletal presentations in general practice: An epidemiological study. (n.d.). British Journal of General Practice. Retrieved from (accessed December 2024).
4. Jordan, K. P., Kadam, U. T., Hayward, R., Porcheret, M., Young, C., & Croft, P. (2010). Annual consultation prevalence of regional musculoskeletal problems in primary care: An observational study. BMC Musculoskeletal Disorders, 11, 144. <https://doi.org/10.1186/1471-2474-11-144>
5. Nozedar, L., & O'Shea, S. (2023). What is the prevalence of burnout amongst first contact physiotherapists working within primary care? Musculoskeletal Care. <https://doi.org/10.1002/msc.1752>
6. Accident Compensation Corporation. (n.d.). Paying for patient treatment. Retrieved from <https://www.acc.co.nz/for-providers/invoicing-us/paying-patient-treatment> (accessed December 2024).



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