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***Dear Member Organization & Registered Interest Group Delegates and Special Friends***

As another year draws to a close, we are happy to give you an update of IFOMPT's recent activities, and also hope you enjoy the results of our survey on direct access.

**President's Report**

It is hard to believe that we are heading towards the end of this year. This has been a momentous six months for IFOMPT as we have finally incorporated physiotherapist/ physical therapist into our name. The Executive Committee have all been very busy with various projects. Duncan and Alison have both worked with various experts to submit proposals for the focused symposia at the WCPT conference in Amsterdam 2011. We hope that these proposals will be accepted. This should increase the visibility of IFOMPT to the rest of the physiotherapy profession. We hope that it will also help with funding for the important meetings we will have at the conference. The rest of the Executive Committee will also try to be involved in the satellite program that WCPT is planning. Through WCPT we will try and join forces with other Special Interest Groups.

Erik and his work group have finished work on a proposal for the conference bidding process. This forum discussion will be opened once we have the new website up and running. Ken has started incorporating suggestions of the previous draft of the constitution. We are planning to send the next revision out by the end of January for further discussion. He has also been working on ideas for the Newsletter and revision of the resource centre information for the website.

As you all know we have had problems with the website. Michael has done a lot of work to upload documents despite challenges. He will also lead the project of developing a new website. Vicki and Duncan have written a very comprehensive job description for her post. This will be of enormous help in the eventuality of having to find someone to replace her. We all hope this will never be necessary!! We are hoping to have a draft of the Governance Manual ready by mid February. This will be up for discussion and comments as it is a new addition to IFOMPT. I am sure that it will make everything we do more transparent and accessible.

Alison and the Standards Committee are working quietly but very efficiently on all their different tasks. I am very thankful for all the communication and participation from the MO's. Thank you for all the work you have done during the year to further the IFOMPT cause. I think this has been a successful year for IFOMPT despite some challenges. This is largely due to a very supportive and hard working committee. Thank you to all of you.

I wish everyone a very happy and peaceful festive season. "Destiny is not a matter of chance; it is a matter of choice. It is not a thing to be waited for; it is a thing to be achieved" - Jeremy Kitson  
Together we can achieve much.

Annalie Basson

**Treasurer's Report**

From the Treasury department I can report to you that we have finalized the provisional budgets for 2010-2011-2012 and that we made them so that results (or alterations) in one budget year, will automatically be transferred into the budget of connecting years. One of our main expenditures, apart from Vicki Reid's well deserved salary, is the cost for meetings for the Executive Committee and Standards Committee. We have specified this item in a separate file which is connected to the main budget. This way we are able to be more

transparent in our expenditure. It again highlights the need for sponsorship of individual SC members, if we are to be able to allow them to meet each year at a conference. As you might be aware, Spain will host an ECE meeting in 2010 and Dr. Alison Rushton's travel is being sponsored by Finland. New Zealand will sponsor Dr Duncan Reid to attend this meeting also. We are still inviting other MO's to sponsor any of the other Standards Committee members and we are open to any offers.

The net result is that, after Rotterdam, we are now better off financially than we previously thought, but are still not breaking even. We will use some of our financial reserves to pay for rebuilding and re-designing of the website.

From my portfolio I can also inform you that we have just finished revising the procedure for application, submission and voting for the next IFOMPT conference and it should be on the forum for discussion for all MO- delegates shortly. As this has been such a rewarding process, it has been suggested that we use our combined effort to also come up with a revised and more transparent process for putting forward candidates, submission of and voting for new (or current but up for another term) Executive Committee Members.

We will follow the same procedure with my team (Germany, UK, Denmark and Australia; with much appreciated feedback from Dr. Wayne Hing), who have worked very hard at completing our previous project. So, as we have done last time, I will send out a proposal in January and we will again use three Delphi-like rounds of collating and editing in feedback from all four of them before we come up with a final document that we will then again put on the forum for discussion for all MO delegates.

Looking forward to your feedback and sponsorship proposals!

Erik Thoomes [erik@thoomes.com](mailto:erik@thoomes.com)

### **Website Report**

As you know, our present web manager is unable to continue his relationship with IFOMPT due to his other business commitments. He was planning to redevelop our website into a more dynamic site, easier to navigate, easier to edit. However the time commitment exceeded his initial expectation, and he has asked us to find a new manager/developer. In the meantime, he will keep our present site active, and I should be able to edit and upload necessary items. We have put out tenders for the redesign, and at present we are assessing quotes for this work. The timeline for the new site is March, 2010. We will be asking you for your input, and look forward to working with all IFOMPT MO delegates to make an effective, dynamic, easily navigated site. If you have any questions or concerns, please contact me directly at [ritchiemichael@eastlink.ca](mailto:ritchiemichael@eastlink.ca). I will keep you posted as to our progress.

Michael Ritchie

### **Communication**

The communications portfolio group has been working on establishing a framework for the present and future IFOMPT newsletters. We have decided to use a survey format on a common theme for the December newsletter and established questions for each MO to respond to for this newsletter related to direct access to physical therapy/physiotherapy services. The June 2010 newsletter will use the more traditional format of reports from each MO and executive committee. Future topics for the newsletter surveys may include emerging areas of practice such as ultrasound imaging and dry needling, and I am also interested in any other suggestions for additional topics. The hope is that the survey format will allow each MO to understand similarities and differences in manual physical therapy practice across the world. I have also been working on revisions to the constitution. We need to have additional forum discussions on topics related to the constitution revisions, including formation of an elections committee, and other suggested changes. Since we will be unable to vote on the constitution revisions until the next General Meeting in 2012, we are delaying these forums until next year.

Ken Olson

## **Report from Standards Committee**

The Standards Committee (SC) is continuing to work on key educational issues and to act as a resource for MOs and RIGs, particularly in assisting development towards International Monitoring for MOs, and advising potential new RIGs.

### ***International Monitoring and the new Standards Document (2008)***

The Standards Committee (SC) continues to be busy with the processes of international monitoring. International Monitoring of Norway is now complete, and Sweden, Netherlands and New Zealand have also been working hard to provide additional information to complete their processes. We are currently awaiting feedback from those countries who have completed the processes to enable the SC to provide feedback and anonymised examples to assist Member Organisations in their own development for these processes. Denmark, Finland and Hong Kong will undertake their first monitoring in 2010 along with the second occurrence of monitoring for Australia and the UK.

*Reminder:* As you are all working on international monitoring submissions, please remember that until 2011 all submissions need to include a plan for implementation of the new Educational Standards (2008). For submissions from 2012 onwards, MOs will need to demonstrate full integration of the Educational Standards (2008).

### ***Glossary to Standards Document***

The draft of the amended Glossary of Terms to the Standards Document is currently out for comment and many thanks to those Member Organisations who have responded already. The deadline for responses is 31/12/09.

### ***IFOMPT International Standard for screening the cervical region prior to Orthopaedic Manipulative Physiotherapy (OMT) intervention***

The working group is currently working hard to agree a first draft for circulation to MOs for comment. The process is taking slightly longer than originally planned owing to the busy diaries of the group, and we anticipate the first draft will be circulated for comment early in the New Year.

### ***Reciprocal Recognition***

A recent letter has requested further consideration of this issue having separated out professional licence to practice issues. The deadline for responses is 26/2/2010.

### ***Submission of WCPT symposia***

The SC have submitted the following symposium to the 16th International Congress of the World Confederation for Physical Therapy in Amsterdam from 20-23 June 2011: Developing and advancing international post-professional educational standards in physical therapy. The proposed presenters are: Alison Rushton, Karen Beeton, Jan Pool, Darren Rivett and Jackie Sadi. If accepted the symposia will be presented by the above group of authors reflecting the Standards Committee and Jackie from Canada to provide an MO's perspective of our standards and quality processes. We have our fingers crossed!

### ***Resource of the Standards Committee***

Please remember that the SC is here for advice and guidance on all educational issues and in particular to provide support to assist your development.

Best wishes for a wonderful Christmas and a prosperous New Year 2010!

Dr Alison Rushton (on behalf of the Standards Committee)

## **Member Organisation Reports**

### **Germany: Delegate - Fiona Morrison**

The first round of national monitoring is now complete. All 4 groups have received feedback and have been given jobs to do in preparation for the next round of national monitoring followed by the international monitoring to be completed by 2011.

**Italy: Delegate – Davide Albertoni**

On the 28<sup>th</sup> of November the National Congress of the Italian Manual Therapy Association – Gruppo di Terapia Manuale (GTM) will take place. The topic will be joint instability, with presentations about functional and mechanical instability of every joint, and manual therapy strategies to challenge the impairment.

This year was really busy for the people of the Components of the Executive Committee and numbers of the Members of the Association are not so good as last year. But we are already planning some novelty about the Internet Site and the next Congress to raise the number of the members.

**New Zealand: Delegate – Wayne Hing**

We are delighted to report that the NZMPA had a most successful conference in August in the beautiful city of Rotorua. Our keynote speakers of Jenny McConnell, Karen Ginn, Darren Rivett (all from Australia), Timothy Flynn (new USA delegate) and Stanley Paris all provided most informative and interesting presentations. These talks were interspersed with a selection of abstract presentations by New Zealand researchers. At the AGM on Friday night we were honored to be able to present Life Membership to Michael Monaghan, and re-confirm Stanley Paris' contribution to the world of manual therapy. Dusty Quinn was voted in as the new President, as Fiona O'Connor had completed her 4 year term.

This year's conference was a very memorable event with the celebration of the NZMPA's 40 birthday. This milestone was celebrated with a booklet of the organisation's history which was edited by David Nicholls from AUT University. This was well received by the delegates, who received a copy in their conference proceedings. It was also memorable with 6 of our 8 Life Members attending the event and to celebrate the cutting of the cake with them at our conference dinner held at the Agrodome in Rotorua. Our next conference will be held on 27 & 28 August 2011, 2 weeks prior to the Rugby World Cup.

Our Manual Therapy courses for 2010 have been extremely popular, and the Wellington courses are full already for 2010, with few spaces left for Christchurch and Auckland.



NZMPA Honorary Life Members – Ian Searle, Brian Mulligan, Stanley Paris, Donald McKenzie, Barbara Hetherington and Michael Monaghan.  
Absent: Robin McKenzie & Ace Neame



Michael Monaghan receiving Life Membership from outgoing NZMPA President, Fiona O'Connor

**Switzerland: Delegate - Harry Herrewijn**

What has started almost two years ago, is about to happen. In spring 2010, after a lot of effort from a lot of people, the first OMT course at Masters level will start. For the Physiotherapy recognition in Switzerland this definitely is an important step.

We are also in the last phase of preparing our symposium. This will take place on the 27<sup>th</sup> of February 2010, with Duncan Reid, Ann Moore and Salah Bacha. We are very glad to welcome some fantastic keynote speakers. For people who are interested, there still are some places available.

We would like to wish everybody a very merry Christmas and all the best wishes for the next, definitely interesting and exciting year.

**United Kingdom: Delegate – Laura Finucane**

The 3<sup>rd</sup> International MACP/KC conference in Edinburgh 30<sup>th</sup> October -1<sup>st</sup> November 2009 was a great success with over 600 delegates in attendance from 15 countries. The title 'Rehabilitation: Art and Science' provided a focus on the rehabilitation of musculoskeletal disorders linking research findings to clinical practice. We experimented with 'blogging' and 'tweeting'. Rachel Lowe was given the task and did a fantastic job. She provided live updates so if you were unable to attend you could hear what was happening. There were 60 tweets with 22 followers. Clinical take home messages were provided by speakers and one of the key messages was about sub-grouping of patients for targeted interventions.

Anyone interested in our efforts can access it through the following website. [www.kcmacp09.com](http://www.kcmacp09.com)

Our website is about to undergo a face lift to improve its functionality.

We are also looking of ways to engage new clinical mentors to take students on placement. Without mentors we will struggle to educate those seeking membership. However we are pleased to welcome 95 new members to the group.

We are discussing a possible name change from 'manipulation' to 'musculoskeletal'. We feel that 'musculoskeletal' encompasses a broader approach and reflects the scope of our expertise. We are in the early stages of discussion with the membership and have some way to go before we will make a decision.

Finally the MACP wishes you all a very Merry Christmas and a successful 2010.

<mailto:a.b.Rushton@bham.ac.uk>

**USA: Delegate - Tim Flynn**

The USA answers to the survey follow, but please visit this link if you require additional information:

[http://www.apta.org/AM/Template.cfm?Section=Top\\_Issues2&CONTENTID=62008&TEMPLATE=/CM/ContentDisplay.cfm](http://www.apta.org/AM/Template.cfm?Section=Top_Issues2&CONTENTID=62008&TEMPLATE=/CM/ContentDisplay.cfm)

**ITEMS OF INTEREST**

**ECE & Teachers Meeting:** We look forward to seeing many of you in Zaragoza, Spain on the 25<sup>th</sup> & 26<sup>th</sup> November 2010. Further details will be sent as the programme is developed.

**IFOMT Collaboration:** As a recognized journal of IFOMT, JOSPT is currently working with IFOMT member organizations to provide their individual members a discounted rate on online access to the Journal. Contact JOSPT's Editor-in-Chief, Guy Simoneau, or the Executive Director/Publisher Edith Holmes for more information at [www.jospt.org](http://www.jospt.org)

Journal of Orthopaedic & Sports Physical Therapy

**JOSPT**

As a recognized journal of IFOMPT, Manual Therapy is delighted to offer all IFOMPT member organizations the opportunity to provide their individual members a discounted rate to the journal, including online access to archive material. Contact Sarah Davies ([s.davies@elsevier.com](mailto:s.davies@elsevier.com)) for further information.

*The IFOMPT Executive and Vicki would like to wish you all a wonderful festive season in your various parts of the world. Some of us will be playing in the snow, others having beach barbecues – but whatever you do we trust you have lots of time to enjoy with family and friends.*

*The office will be closed from 23<sup>rd</sup> December until 11<sup>th</sup> January. Merry Christmas!*

Vicki Reid  
IFOMPT Office Manager



## Direct Access and Primary Care Physical Therapy – IFOMPT Survey Results

Direct access to physical therapy services is a term used to describe a clinical situation when patients can directly access the services of a physical therapist/physiotherapist without the requirement of first visiting a physician to obtain a referral or prescription for physical therapy.

### 1. In your country, do patients have direct access to physical therapy services?

Australia	Yes
Austria	Generally no. People can access a physiotherapist without prescription for prevention of diseases only, but they do not get payment from the general health care system for that
Belgium	No. Currently we are busy exploring the possibilities of implementing Direct Access in Belgium. There is a special Work group within the ministry of health which is working out an advisory document for our minister of health, but it will still take some time to have results
Canada	Yes
Denmark	Patients can have direct access to a physiotherapist. By law, there is no barrier to seeing patients without a referral but to be able to use the financial support of the national health insurance (covering 40 % of the expenses), there has to be a referral from a medical doctor. Some patients have additional insurance, via their work. Some of these insurances cover (partly) the expenses if the physiotherapist is working without a referral of a medical doctor, which means that the larger part of the Pts in clinics have a contract with the national health insurance. Patients are referred from a medical doctor and their patients have the financial support from this national body. A lesser number of physiotherapists work without a contract with the national health insurance, and patients may or may not have a referral and they may or may not get financial support
Finland	Patients can have direct access to physiotherapy in private clinics, and in about one year from now in a few public Health Care Centers too
Germany	Not in the same way as for example in Australia, The Netherlands or Norway. Patients may come for treatment without a prescription. There is however no reimbursement from the health care funds. Most practices will only take patients who have previously come with a prescription from a physician
Greece	No, they have not
Hong Kong	No
Ireland	Yes, in private practice but in public hospitals patients are referred by In house doctors for the most part, although most hospitals have a GP referral system as well
Italy	Yes, they do, but in general only in private practice: in hospitals they need a visit from a Medical Doctor
Japan	The Japanese law prohibits direct access. That is, unless a patient receives medical examination or medical instructions, he cannot get physical therapy in Japan
Netherlands	Yes
New Zealand	Yes
Norway	Yes we have direct access for Manual therapists in Norway
Portugal	No reply
South Africa	Yes – since 1985
Spain	Yes, but only private physiotherapy. Physiotherapists working in the public health system have to have a referral from the national health system
Sweden	Yes
Switzerland	No
USA	Each of the individual states in the U.S.A. is governed by different statutes that dictate the provisions by which medical providers practice. Patients in the United States have directly access to physical therapists in 42 of the 50 states. Some of these states have “unlimited” direct access and others place specific “provisions” on how the physical therapists can utilize direct access. There remain 8 states that have out-dated provisions

	requiring a referral by a physician, from their statutes
United Kingdom	Yes and No! There is direct access to private practitioners. Some NHS services are starting self referral/direct access but not all services. There is a move for this to happen

2. If yes, can all physical therapists / physiotherapists practice in a direct access situation, or do the pts have to have additional training or credentials in order to practice with direct access? Please describe the additional training or credential required.

Australia	No additional training required
Austria	-
Belgium	-
Canada	All physiotherapists have direct access in Canada
Denmark	There are no demands on special training. Most physiotherapists working without a contract with national health insurance have postgraduate training e.g. Diploma education in Musculoskeletal Physiotherapy, McKenzie, etc, but that is not officially required
Finland	In private practice no additional training is needed. In the public HC there is an additional training, which is locally organized and varies a little in different parts of Finland - mostly about screening the serious pathology and managing the "non specific" neck and low back pain
Germany	-
Greece	-
Hong Kong	-
Ireland	Yes, all Physios can practice in a direct access situation from graduation
Italy	There is no credential, all physiotherapists can practice in direct access situations in their own practice. Our professional profile states that physiotherapists could work <b>referring to</b> medical diagnosis, not always as the prescription requires
Japan	There is no additional training or credential
Netherlands	At the moment all registered physical therapists have a direct access situation. No additional training is required for students who have just finished his/her study. A few years ago when direct access was allowed by the government every registered physical therapist was obliged to follow a course "direct access" organized by the mother organization. Without this course you were not allowed to have direct access for patients. Especially screening of red flags and contact with other disciplines were main topics in this course. Nowadays all PT's are registered for direct access
New Zealand	No additional training is required – as undergraduates (no OMT qualification but registered physiotherapists) they can work and have direct access
Norway	Manual Therapists are the only physiotherapists in Norway given direct access, after they have obtained a Master in Clinical Manual Therapy (2 years), from the University of Bergen in Norway. Other recognized Master programs in Manual Therapy from other countries may also qualify. Most of those who study abroad are obliged to take (and pass) 2 sections of the education at the University of Bergen, plus a course in relevant parts of the social security system in Norway. They may be required to have 1 year of supervised clinical practice followed by a practical examination to qualify
South Africa	Yes - all pts
Spain	In private, there is only a need of having a degree of physiotherapy
Sweden	No additional training
Switzerland	-
USA	No additional training is required in the majority of states with direct access. However, some states place additional requirements such as the physical therapist must hold a master or doctorate degree and has completed at least two years of practical experience as a licensed physical therapist
United Kingdom	No further training is required

**3. Can physical therapists in your country obtain reimbursement for direct access physical therapy services, or is there a referral needed in order to obtain payment for services from third party or governmental health care insurance?**

Australia	Referral required for motor vehicle, workers compensation, national service (army, navy, air force) veterans. Private patients do not, and are still eligible for a rebate under their private health insurance
Austria	The referral is needed for payment from the governmental health care system
Belgium	There is no reimbursement without a prescription from an MD in Belgium
Canada	Payment for services for direct access physical therapy services is made to the physiotherapists. No orders are needed for Canada
Denmark	See 1.
Finland	Referral is needed for payment from governmental health care insurance or private insurance companies
Germany	No. A prescription is need for the health care fund to pay for treatment
Greece	A referral from the doctor is needed for the physiotherapist to be legal and to get paid from any kind of insurance
Hong Kong	Referral is required
Ireland	In private practice, physiotherapy services are paid for by each patient. They can then be reimbursed by their private health insurance if they have this and can claim tax relief of the balance. In the public health care system, all physio services are free
Italy	Excluding the hospitals in which there is no direct access, in private practice it depends on the insurances. Most of them require a visit from a MD, others do not
Japan	Payment reimbursement is not allowed
Netherlands	A direct reimbursement is paid by health insurance companies. No referral is needed
New Zealand	No referral required
Norway	The qualified Manual Therapists who have a contract with their local governmental health care service are reimbursed directly by the health care service office. Payment is based on the time used for each patient. The amount (price) of reimbursement is reviewed yearly. Some patients diagnosis qualifies them for free treatment and others must pay a fixed sum for each treatment. The Manual therapist decides the duration of the treatment and the number of treatments required
Portugal	No reply
South Africa	All pts in private practice submit claims and are paid directly by medical insurers – without referral. We do not have a governmental health care insurance yet – but it is in the pipeline
Spain	In the governmental health care insurance the patients must be referred from the doctor
Sweden	No referral but you need to have a “contract” with the “governmental health care insurance system” and that is hard to get
Switzerland	A Prescription from a medical doctor is obligatory
USA	This varies by state and by the type of insurance product or insurance company that the individual patient has. For instance, some insurance plans require a referral to a specialist to be reimbursed and pts are considered specialists. The government healthcare insurance Medicare does not require a referral but requires a “Plan of Care” to be signed by a physician
United Kingdom	Patient would be logged to their GP and reimbursement would be gained that way. If private, a referral would be required for payment if insurance company is paying, otherwise the patient would pay direct.

**4. Do physical therapists receive training in primary care assessment for screening for serious pathology and disease in their basic physical therapy education, or is this considered an advanced level of training? If considered advanced training, how is the training obtained? (i.e. Through advanced degree programs, certification programs, continuing professional education, or other means)**

Australia	Occurs at undergraduate level i.e. Basic training
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Austria	Screening for serious pathology as well as yellow, blue and black flag assessment is incorporated in the basic physical therapy education and embedded in the clinical reasoning process
Belgium	They already receive training during their basic program in primary care assessment with a focus on differential diagnosis, screening of red flags, clinical reasoning and interpretation of medical imaging. The basic program is at a master level in Belgium. In Flanders the educational structure is 3yr Bachelor degree and 2 years Master degree to become a PT. The advance programs are partially within the basic program (choice of different options in their master, for example musculoskeletal physiotherapy) and partially through PGD programs (at university) or an extra master program. For musculoskeletal physiotherapy – manual therapy there exists both PGD programs (Ghent, Leuven) & a 1 year master program (Brussels) as a 6 <sup>th</sup> year after graduating
Canada	There is screening for serious pathology and disease in the basic physical therapy education system, which is at a msc level course in Canada
Denmark	Training on screening for serious pathology is only done at a very basic level in the physiotherapy education. To our knowledge, only our Musculoskeletal Physiotherapy postgraduate education offers courses in screening for serious pathology. These courses are 1 and 2 days courses with medical doctors specializing in medical disease, rheumatology, neurology and orthopaedics. Certification is done via an examination after each course. These courses are mandatory in the diploma of Musc. Phys. Education
Finland	Basic Physiotherapy education varies in different Universities of Applied Sciences to some extent. For those working in the public health care system then special / additional training is required. Look above for how to obtain it
Germany	No. This is however more and more part of the OMT courses and separate courses are now being offered to those who have OMT or the so called pre-OMT level (manual therapy certificate)
Greece	It is considered an advanced level of training. This training is part of the manual therapy educational programs
Hong Kong	Yes our undergraduate students received training for physical diagnosis and screening for serious pathology i.e. Red flags, Yellow flags; for spinal cord involvement, cancer, fractures, VBI etc. This is further strengthened in our postgraduate training in Master of Manipulative Physiotherapy, for the subject Physical Diagnosis of Neuro-musculoskeletal Disorders; we have special lectures from consultant radiologists and advanced clinical reasoning training for screening of serious pathology
Ireland	In hospital situations, many orthopaedic clinics have a physio performing triage assessments; to qualify for these posts, physios generally have a Masters degree in the area before they will be considered for such positions. Some will access further training, usually in the UK under the extended scope practice modules but this is less formal. In private practice there are no such requirements
Italy	It depends on the university, but in general it is considered an advanced level of training. The advanced training could be the University Master in Manual Therapy (OMT), or some courses in continuing professional education
Japan	- No sufficient education on primary care assessment is given in the basic education of physical therapy. - Primary care assessment is given in the education of the certification program
Netherlands	In the 4 years full time basic educational program to become a physical therapist all students are trained extensively in screening serious pathology (red flags). Only the above mentioned obliged course for PT's was implemented when direct access became available, but nowadays all registered PT's have the required knowledge
New Zealand	Yes
Norway	Additional training is included in the Clinical Masters program at the University of Bergen . This is one of the sections those with foreign education must take before qualifying for direct access in Norway
South Africa	I would assume that most undergrads receive training in primary care assessment. As the OMPTG in South Africa, our OMT course strongly emphasizes this aspect
Spain	It is received in an advanced level and usually through specialization courses or a

	university master
Sweden	Some undergraduate training and also during CPD
Switzerland	No
USA	Accreditation standards require that physical therapists professional (entry) level education includes training in primary care assessment for screening for serious pathology and disease
United Kingdom	This is covered in undergraduate training

**5. Can physical therapists in your country make referrals to other specialists, or for other specialty services, such as diagnostic imaging?**

Australia	Technically physiotherapists can refer for all of these services, however the government will not allow for this to be claimed under Medicare, so patients would have to pay a lot extra. Diagnostic Imaging: There is limited availability of referral for X-Ray under Medicare (spine, hips), but not other areas. No others diagnostic tests are recognised. Medical Specialists: Not recognised under Medicare
Austria	No
Belgium	No
Canada	At this time physical therapists in Canada can not make referrals for diagnostic studies or specialists
Denmark	No, we can ask the general practitioner to refer the patient. Ultrasound scanning is the only imaging possibility physiotherapists can have access to, if they have the equipment.
Finland	Physiotherapists can make no referrals to other specialists or services in Finland
Germany	No
Greece	The physical therapists can only refer the patient back to the doctor that sent them for therapy (or another specialist) and have an oral communication in order to discuss the problem
Hong Kong	Not for diagnostic imaging. In private setting, will refer patients to other specialists if the condition indicates, however if patients are paying by their insurance plan, they might require a referral from a doctor to see a specialist
Ireland	In private practice physios can refer to other specialists who also practice privately. To access services in public hospitals, patients have to be referred back to their GP before onward referral can be facilitated. If a patient is within the public health system, they can be referred to a consultant within the hospital. Physios can refer for imaging privately, but it will not be covered by the patient's health insurance. Patients must be referred back to their GP / specialist to have imaging covered by their health insurance
Italy	No, in Italy physiotherapists cannot make referrals to other specialists or prescribe medication: only the physician can, but we can advise the physician about it
Japan	In Japan, it is mandatory to given physical therapy under the instruction of a medical doctor. However, physical therapists are allowed to recommend and request other specialty services as a medical team member with reference to observation from the physical therapy viewpoint
Netherlands	No direct referral for imaging or other tests nor to specialists can be made. Only general physicians are allowed to do so
New Zealand	Yes
Norway	Yes, we can make referrals for radiological imaging, including MIR scans. We are also able to refer patients directly to Medical specialists, or to our other physiotherapy colleagues. We can give patients up to 12 weeks of paid sick leave
South Africa	Yes – theoretically (legally) we can, and many pts do, but the insurers often query our referrals. Referral is usually no problem at all, except for financial issues
Spain	Not in an official way
Sweden	Not in general but yes, in some cases and in some positions
Switzerland	No
USA	Yes though this varies from state to state. Furthermore, the insurance reimbursement of the specialty or imaging service may require additional authorization from the patient's primary care physician or pre approval from the insurance carrier

United Kingdom	Clinical specialists and extended scope practitioners who have had the appropriate training can refer to specialists and request diagnostics
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