

Chronic Disease Management

Sharing the Care and Understanding between General Practice and Allied Health Professionals

Funded by the Australian Better Health Initiative:
a joint Australian State and Territory Government initiative.



Abbreviations List

ABHI – Australia Better Health Initiative

AGPN – Australian General Practice Network

AHP – Allied Health Professionals

AHPA – Allied Health Professions Australia

APDs – Accredited Practising Dietitians

BP – Blood Pressure

CDM – Chronic Disease Management

COPD – Chronic Obstructive Pulmonary Disease

CPD – Continuous Professional Development

DE – Diabetes Educator

EP – Exercise Physiologist

EPC – Enhanced Primary Care

GPs – General Practitioners

GPMP – GP Management Plan

GPN – General Practice Network

GPNs – General Practice Nurses

MBS – Medical Benefits Schedule

MRI – Magnetic Resonance Imaging

PN – Peripheral Neuropathy

PVD – Peripheral Vascular Disease

ROM – Range of Movement

TCA – Team Care Arrangements

TIA – Transient Ischaemic Attack

Chronic Disease Management

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Acknowledgements

Shared Care in Chronic Disease Management

This resource package has been developed by Allied Health Professions Australia, funded by the Australian Better Health Initiative: a joint Australian, State and Territory government initiative. Allied Health Professions Australia would like to acknowledge the contributions of members of the reference group who helped develop the resource package:

- Audiological Society of Australia
- Australian Association of Social Workers
- Australian Diabetes Educators Association
- Australian Osteopathic Association
- Australian Physiotherapy Association
- Australian Podiatry Council
- Australian Practice Nurse Association
- Australian Psychological Society
- Chiropractors' Association of Australia
- Consumer Health Forum
- Dietitians Association of Australia
- Exercise and Sports Science Australia
- Occupational Therapy Australia
- Royal Australian College of General Practitioners

Other organisations which also contributed to the development of the resource package include:

- Australian General Practice Network (AGPN)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Victorian Community Controlled Health Organisation (VACCHO)
- The Australian College of Mental Health Nurses

Chronic Disease Management

Sharing the Care and Understanding between General Practitioners and Allied Health Professionals

Introduction

This resource package, developed by Allied Health Professions Australia (AHPA), is the result of a project funded under the Australia Better Health Initiative to improve patient outcomes by facilitating multidisciplinary care for people with chronic and complex conditions. It provides information for people who work in chronic disease management, such as general practitioners, general practice nurses and allied health professionals, particularly the allied health professions included in Medicare's chronic disease management (CDM) items.

The resource package is also available on a web site, **www.cdm.ahpa.com.au** and includes a DVD, which is downloadable from the web site. The resource package provides information about:

- The benefits of multidisciplinary care
- Medicare's CDM items, including patient's eligibility, reporting requirements and the referral process
- Overview of the allied health professions included in the CDM Medicare items schedule, including training, and the roles of GPs and GPNs in CDM
- Schematics of three chronic diseases, highlighting which healthcare professionals could be included and the potential treatment that they provide
- Communications tips and templates
- General Practice Network

Terminology

Health care professionals use a number of terms to refer to individuals with chronic and complex conditions, such as patient, client and consumer. For ease of reading and consistency, the term 'patient' is used throughout this resource package.

Disclaimer

The information provided in this resource package is for information, communication and education purposes only. It is not intended as a substitute for seeking medical treatment or appropriate care, or intended to replace medical advice offered by physicians, and should not be construed as rendering medical advice.

**The resource package is online at
www.cdm.ahpa.com.au**



Section 1

Medicare

Chronic Disease Management Items

Medicare

Allied Health (Individual) Services

Medicare's CDM items program encourages the establishment of multidisciplinary team care arrangements to provide shared care for patients with a chronic medical condition (or terminal) and complex care needs.

The CDM items provide referral pathways for services for patients with chronic disease by eligible allied health professionals with Medicare rebates for up to a total of **five individual sessions per calendar year**.

The CDM items currently include thirteen allied health professions:

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Aboriginal health workers• Audiologists• Chiropractors• Diabetes educators• Dietitians• Exercise physiologists | <ul style="list-style-type: none">• Mental health workers (including Aboriginal health workers, mental health nurses, mental health social workers, occupational therapists and psychologists)• Occupational therapists | <ul style="list-style-type: none">• Osteopaths• Physiotherapists• Podiatrists• Psychologists• Speech pathologists |
|---|--|---|

Allied health professionals need to meet specific eligibility requirements, be in private practice and register with Medicare Australia. Registration forms are available from Medicare Australia at www.medicareaustralia.gov.au or can be obtained by telephoning 132 150.

(Department of Health and Ageing, Chronic Disease Allied Health (Individual) Services Under Medicare – Fact Sheet)

Patient Eligibility and Team Care Arrangements and GP Management Plan

The GP is responsible for determining whether the patient would benefit from allied health services.

Patients who have a chronic or terminal condition and complex care needs that are being managed by their GP under a care plan may be eligible.

Patients are being managed under a care plan if their GP has provided the following Medicare Benefits Schedule (MBS) CDM services in the previous two years:

- A GP Management Plan (GPMP) – Item 721 (or review item 725 – item 732 after May 1 2010)
AND
- Team Care Arrangements (TCA) – Item 723 (or review item 727 – item 732 after May 1 2010)
OR
- For patients who are permanent residents of an aged care facility, their GP must have contributed to or reviewed a multidisciplinary care plan prepared by the facility – Item 731.

A chronic medical condition is one that has been (or is likely to be) present for six months or longer. It includes conditions such as asthma, cancer, cardiovascular disease, diabetes mellitus, musculoskeletal conditions and stroke.

Patients have complex care needs if they require ongoing care from a multidisciplinary team consisting of their GP and at least two other health or care providers, each of whom provides a different kind of treatment or service to the patient.

Referral Arrangements

GP referrals for allied health services must be made using the referral form issued by the Department of Health and Ageing or a form that contains the same components. This form is available on the Department of Health and Ageing website (www.health.gov.au/mbsprimarycareitems).

Allied health services provided through these referrals must be directly related to the management of the patient's chronic condition/s, and the need for allied health services must be identified in the patient's care plan. MBS CDM item numbers for allied health services are from 10950 to 10970.

It is not appropriate for allied health professionals to provide part-completed referral forms to GPs for signature, or to pre-empt the GP's decision about the services required by the patient.

Service Length and Type

Services provided by AHPs must be of at least 20 minutes duration and be provided to an individual patient, not to a group. The allied health professional must personally attend the patient.

(Department of Health and Ageing, Allied Health Services under Medicare – Fact Sheet)

Reporting Requirements

Following a single service to a GP referred patient, an allied health professional must provide a written report back to the referring GP. Where an AHP provides multiple services to the same patient under the one referral, they must provide a written report back to the referring GP after the first and last service only, or more often if clinically necessary.

Written reports should include:

- Any investigations, tests, and/or assessments carried out on the patient
- Any treatment provided and
- Future management of the patient's condition or problem

(Medicare Australia – Quick reference guide for allied health professionals)

Receipt Requirements

For a Medicare payment to be made the account/receipt must include the following information:

- Patient's name
- Date of service
- MBS item number
- Allied health professional's name and provider number or name and practice address
- Referring medical practitioner's name and provider number or name and practice address
- Date of referral
- Amount charged, total amount paid and any amount outstanding in relation to the service.

(Department of Health and Ageing, Chronic Disease Allied Health (Individual) Services Under Medicare – Fact Sheet)

Useful Links

For further information, visit the Department of Health and Ageing web site, www.health.gov.au/mbsprimarycareitems or www.medicareaustralia.gov.au

For further information on MBS items, please visit www.health.gov.au/mbsonline

Follow-up Allied Health Services for People of Aboriginal and Torres Strait Island Descent

People of Aboriginal and Torres Strait Island descent who have had a health assessment may be referred by a GP for follow-up allied health services. Please visit: **www.medicareaustralia.gov.au** or **www.health.gov.au/mbsprimarycareitems**

Allied Health Group Services

For more information on allied health group services for patients with type 2 diabetes (in addition to the five individual allied health services available to eligible patients), visit **www.health.gov.au/mbsprimarycareitems**

Steps to be completed to claim Allied Health (Individual) Services under Medicare

Step 1 The patient has a chronic condition and complex care needs and the need for referral to allied health professionals is identified. The GP prepares a GP Management Plan and Team Care Arrangements and discusses with the patient the care plan, the patient's needs, the services to be provided by healthcare professionals and the desired outcomes.

Step 2 The appropriate allied health professionals are contacted. With the patient's consent, the general practice may provide the AHPs with a copy of the care plan to ensure that they agree and have the opportunity to provide input into the Care Plan and its aims. The GP can discuss, by two-way communication (face to face, phone, fax, email et), the services and treatment to be provided by each provider.

Step 3 The GP notes in the TCA the agreement of the allied health professionals to participate in the TCA and the treatment and services they have agreed to provide.

Step 4 On completion of Step 3, the patient may need to sign a Medicare form at the general practice. The patient is then given a 'Referral form for allied health services under Medicare' that the patient needs to give to the allied health professionals to enable them to claim from Medicare.

The patient is advised that while Medicare may pay some of the costs of services, the patient may still have to pay some money as well – it is essential that the patient discuss this with the AHP before services are provided.

Step 5 The patient is eligible for treatment from the date specified on the allied health referral form. When Medicare has processed item numbers 721 and 723 the healthcare professional can claim the rebate for services provided. Allied health services provided prior to the date of referral are not covered.

Step 6 AHP to provide a report to the referring GP following first and last service or more regularly if necessary.

For further information visit the Medicare Quick Reference Guide on chronic disease management for GPs and AHPs on:

www.medicareaustralia.gov.au/provider/business/education/quick-reference-guides-jsp

Section 2

General Practitioners (GPs) and General Practice Nurses (GPNs)

General Practitioners

General Practitioners' Roles in Chronic Disease Management

General practitioners are generally the initial point of contact for people with chronic illnesses and play a key role in prevention, diagnosis and management of chronic disease in the community. Nearly 90% of Australia's population attend general practitioners at least once a year and 77% of Australians report having one or more long-term health problems, with more than half of those aged 65 years and older having five or more conditions.*

General practitioners assess, manage and provide ongoing care of the full range of chronic diseases in the community. They are also involved in the early intervention and prevention of chronic disease and the optimisation of general good health.

General practitioners:

- **Identify early warning signs for chronic disease**
- **Provide appropriate care for patients with chronic diseases**
- **Refer patients to the appropriate health professional for further care**
- **Provide the continuity of care required by patients with chronic disease.**

General practice is well suited to managing chronic disease as many patients with chronic disease have comorbidities which are more effectively managed by primary care practitioners instead of specialist providers. General practitioners can also provide the continuity of care required by patients with chronic disease.*

General Practitioner Qualifications

Vocational training is funded by the Commonwealth Department of Health and Ageing through General Practice Education and Training (GPET), a Commonwealth-owned body responsible for the administration of GP training across Australia.

The Australian College of Rural and Remote Medicine (ACRRM – www.acrrm.org.au) also provides general practitioner training.

The Royal Australian College of General Practitioners (RACGP) is recognised by the Australian Medical Council, the profession and the community as the body responsible for maintaining the standards of training for general practice in Australia.

The core-training program is three years in duration and typically includes:

- **12 months training in hospital posts**
- **18 months training in general practice posts**
- **6 months training in an extended skills post (which may be undertaken in a general practice)**
- **Optional 12 months in a rural post**
- **Towards the end of the training, participants become eligible to sit for the RACGP Fellowship examinations**

* 'Care of Patients with Chronic Disease: the Challenge for General Practice', Mark F Harris and Nicholas Zwar MJA 2007



THE ROYAL AUSTRALIAN
COLLEGE OF
GENERAL PRACTITIONERS

For further information visit:
www.racgp.org.au

General Practice Nurses

What does a General Practice Nurse do?

General practice nurses have a central role in the care of patients with chronic and complex conditions. They undertake a number of general practice processes, including systematic assessment, follow up and review of the patient. They may identify local allied health services, and ensure referrals go through appropriate pathways to allied health professionals.

General practice nurses undertake a variety of other roles, including taking patients' histories, patient education and the promotion of healthy lifestyles. They may also conduct chronic disease management clinics at the practice.

General practice nurses consult closely with patients suffering from chronic disease, assessing the impact of the condition on the patient, and identifying patients with risk factors. They can provide monitoring and support of patients between general practitioner reviews and may develop practices and processes to ensure appropriate patient care, including team care arrangements, asthma management plans and diabetes cycle of care, in partnership with the healthcare team.

Benefits

Employment of general practice nurses can improve the quality, integration and accessibility of primary care for patients with resultant improved patient outcomes. In collaboration with the GP, general practice nurses can initiate and facilitate communications between general practice and allied health professionals, and coordinate multidisciplinary teams with general practice. They can increase the general practice's capacity to manage chronic disease, potentially relieving workforce pressure within the general practice.

Qualifications

General practice nurses have trained and qualified as registered or enrolled nurses. Registered nurses have three to four years of undergraduate training and may undertake CDM specific training via their professional associations and a number of training organisations.

Registered nursing is a regulated profession.



For further information visit:
www.apna.asn.au

Section 3

The General Practice Network



About the Australian General Practice Network

The Australian General Practice Network (AGPN) represents a network of 110 local organisations (general practice networks) along with eight state-based entities. More than 90% of GPs and an increasing number of general practice nurses and AHPs are members of their local general practice network.

AGPN is the peak body representing general practice networks in Australia.

The Network is involved in a wide range of activities, including health promotion, early intervention and prevention strategies, chronic disease management, medical education and workforce support.

By delivering local health solutions through general practice, AGPN aims to ensure all Australians can access a high quality health system.

General practice networks form a link between general practice and other parts of the health system. Their infrastructure also provides a valuable mechanism for informing and educating GPs, general practice staff and other health professionals and for responding to the complex and changing primary health care environment .

Many allied health professionals have registered with their local GPN and have benefited from their support and services. A number of GPNs run networking events, some of which are specifically developed to bring together allied health professionals and general practice staff with a focus on chronic disease management, providing the attendees opportunities to build professional relationships.

Examples of the programs run with allied health include:

- Rural Primary Health Services (RPHS), formerly known as MAHS – funded by the Department of Health and Ageing to eligible members to employ, contract or fund allied health professionals in rural communities.
- RPHS aim to increase the number and range of allied health services delivered in rural communities through both DGP and other primary healthcare services, and link them, facilitating an integrated approach to health care provision.
- The Access to Allied Psychological Services (ATAPS) initiative is a Commonwealth mental health program that funds the provision of short term psychology services for people with mental disorders.
- ATAPS enables GPs to refer patients with high prevalence mental health disorders to allied health professionals for six sessions of evidence-based mental health care. An option for a further six sessions exists (and up to an additional six sessions in exceptional circumstances), pending a mental health review by the referring GP.



www.agpn.com.au

Section 4

Allied Health Professional Snapshots



Aboriginal Health Workers

What does an Aboriginal Health Worker do?

Aboriginal health workers are generally based in Aboriginal community-controlled health services and are usually the first healthcare worker an Indigenous patient would see.

Their common objective is to assist the Aboriginal and Torres Strait Islander communities to take a strong role in controlling and managing their own health and lifestyles.

Services

Aboriginal health workers provide a wide range of primary healthcare services, including:

- **Immunisations**
- **Screening**
- **Referrals**
- **Community health education**
- **Patient transport**

Working closely with both the patient and the health care team, they may act as interpreters to ensure that the healthcare practitioner is clear about the patient's symptoms, medical and personal history and that the patient has a good understanding of the diagnosis, treatment and health care advice.

They may work in specialty areas including drugs and alcohol services, mental health, diabetes and eye and ear health.

Medicare Eligibility

To be eligible to provide services under the CDM Medicare items, Aboriginal health workers need, as a minimum, Certificate Level III in Aboriginal and Torres Strait Islander Health from a registered training organisation. In the Northern Territory (NT), they must be registered with the Aboriginal Health Workers Board of the NT.

Qualifications

Aboriginal health workers may complete Certificate III. A Certificate IV in Aboriginal Primary Health Care Work is a prerequisite before a Diploma in Aboriginal Primary Health Care Practice may be commenced. Undergraduate courses include an Associate Degree in Aboriginal Health and a Bachelor of Applied Science – Indigenous Health.



MBS item number #10950

For further information visit:
www.naccho.org.au

Audiologists

What does an Audiologist do?

Audiologists are hearing specialists who manage hearing health. They specialise in assessment, prevention and management of hearing loss, deafness and related conditions, including tinnitus and balance disorders.

Audiologists provide assessment to all ages, from infants to adults, and help through the application of technology, rehabilitation and therapy.

Adult hearing loss shows a comorbidity and associated increased risk for chronic health conditions including diabetes, stroke and cardiovascular conditions. Appropriate audiological management of hearing loss and communication needs contributes to quality of life and relationships – important for chronic disease or mental health disorders.

Indigenous communities have a higher incidence of chronic ear disease and hearing loss.

People treated with chemotherapy and ototoxic medication may need hearing monitoring.

Services

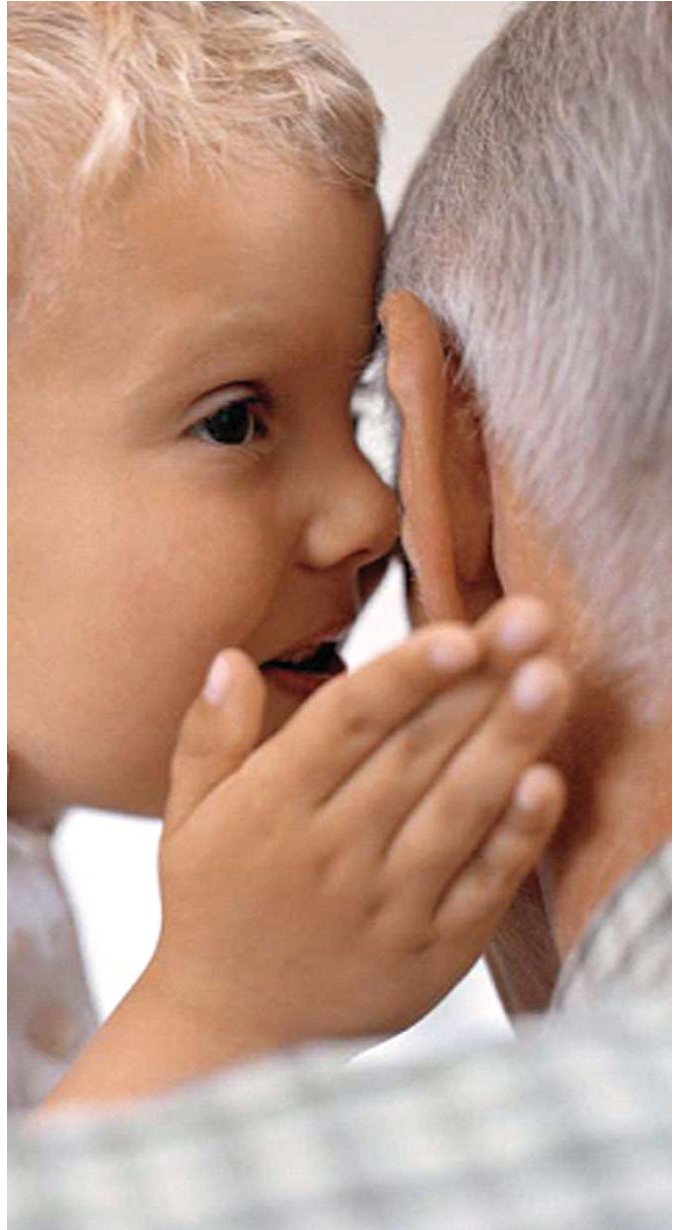
- **Hearing screening and monitoring**
- **Diagnostic audiological assessment**
- **Hearing rehabilitation and communication programs**
- **Hearing aid fitting**
- **Implantable technology e.g. cochlear implants**
- **Tinnitus counselling**
- **Balance and neural assessment**
- **Assessment of workplace hearing injury**
- **Hearing conservation and education**

Medicare Eligibility

To be eligible to provide services under the CDM Medicare items, audiologists must be a 'Full Member' of the Audiological Society of Australia (ASA), and hold a Certificate of Clinical Practice (CCP).

Qualifications

Audiologists are required to hold a Bachelors Degree, and a two-year Masters Degree in Audiology as well as completing the ASA's 12-month clinical internship program to be awarded the Certificate of Clinical Practice (CCP). Audiologists who meet these requirements are entitled to use the letters MAudSA (CCP). Mandatory Continuing Professional Development is required to retain clinical certification.



MBS item number #10952

For further information visit:
www.audiology.asn.au

Chiropractors

What does a Chiropractor do?

A chiropractor is a government-registered and regulated, university-trained allied health care professional. Chiropractic complements medical services and promotes general health by providing:

- **Primary contact with specific diagnostic focus on disorders relating to the spine and nervous system**
- **Advice on self care in lifestyle factors and movement**
- **Differential and radiological diagnosis, with appropriate medical referral**

Services

A chiropractor conducts thorough general examinations with particular focus on spinal and neuromusculoskeletal systems. They work with GPs and AHPs in multidisciplinary settings to care for people with a wide range of acute or chronic disorders including neuromusculoskeletal disorders, such as:

- **Acute or chronic back pain**
- **Extremity pain and dysfunction**
- **Poor mobility**
- **Degenerating posture**
- **Migraine headaches**
- **Osteoarthritis**

Trigger points for referring patients to chiropractors include symptoms that may be of spinal origin, such as spine related pain, motion restriction and postural distortion. Chiropractors place significant emphasis on prevention through provision of specialist lifestyle advice and movement.

Medicare Eligibility

To provide services under the CDM Medicare items, chiropractors must be registered with the government regulating body where they are practising. Rebates are available from mainstream healthcare funds.

Qualifications

For registration to practise, chiropractors study full-time at university for a minimum of five years, graduating with either a three-year Bachelors degree followed by a Masters degree, or a five-year double degree in Chiropractic Science and Clinical Science. To maintain quality and safety, chiropractors complete continuing professional development courses and seminars to upgrade and maintain their skills, and to stay current on the latest research.



MBS item number #10964

For further information visit:
www.chiropractors.asn.au

Diabetes Educators

What does a Diabetes Educator do?

Diabetes educators specialise in the provision of diabetes self-management education for people with diabetes.

Services

They provide support for people with diabetes, including gestational diabetes, integrating clinical care, self-management education, skills training and disease specific information to motivate patients to:

- **Understand diabetes and make informed lifestyle and treatment choices**
- **Incorporate physical activity into daily life**
- **Use their medicines effectively and safely**
- **Monitor and interpret their blood glucose patterns**

All persons with diabetes need access to a diabetes educator. Guidelines for referral to a diabetes educator include:

- **Initial diagnosis of diabetes**
- **Introducing or changing diabetes medicines and insulin therapy**
- **Glycaemic targets or desired clinical goals not met**
- **Little self-care knowledge, skills or confidence**
- **Recurrent or severe episodes of hypoglycaemia and/or ketoacidosis**
- **Diagnosis of chronic diabetes complications or other co-morbidities**

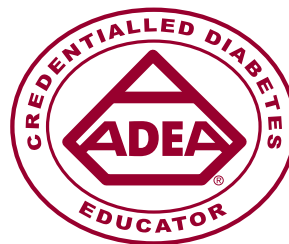
Medicare Eligibility

To be eligible to provide services under the CDM Medicare items, diabetes educators must be credentialed diabetes educators (CDE).

Qualifications

A credentialed diabetes educator meets the Australian Diabetes Educators Association (ADEA) standards of practice, has completed a post graduate certificate in diabetes education and management from an ADEA accredited University, complies with the ADEA professional development and clinical experience requirements, and is eligible to practice in their primary discipline as

- Registered nurses
- Accredited practising dietitians
- Registered medical practitioners
- Registered pharmacists accredited to conduct medication management reviews
- Registered podiatrists



MBS item number #10951

For further information visit:
www.adea.com.au

Dietitians

What does a Dietitian do?

Accredited Practising Dietitians (APDs) have the qualifications and skills to modify diets and to treat diseases and conditions such as diabetes, overweight and obesity, cancer, heart disease, renal disease, gastro-intestinal diseases and food allergies. Evidence shows that nutrition intervention can significantly improve patient outcomes, resulting in fewer hospital admissions and readmissions, better medical outcomes and improved quality of life.

Timely intervention by a dietitian can reduce the risk of developing chronic disease.

Services

Dietitians work in partnership with general practitioners and other allied health professionals to improve patient outcomes.

Dietitians may provide advice and treatment when:

- **A new diagnosis requires specific dietary modification**
- **An assessment of a patient's nutritional needs is required**
- **A patient has a poor understanding of dietary management**

Triggers for referring patients to a dietitian include:

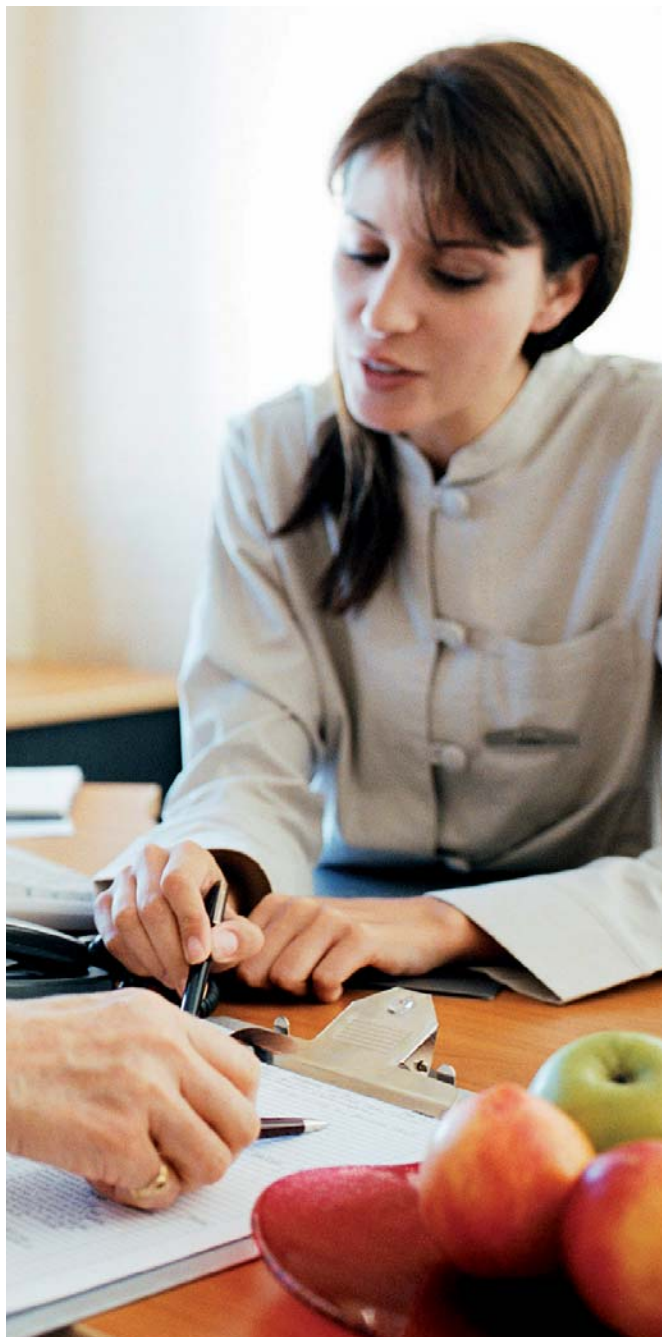
- **Significant weight change**
- **Failure to meet nutrition needs**
- **Recent poor food intake, poor appetite, or difficulty preparing or eating food**
- **Changes in medication**
- **Periodic review of medical nutrition therapy**

Medicare Eligibility

To be eligible to provide services under the CDM Medicare items, a dietitian needs to be an 'Accredited Practising Dietitian' as recognised by the Dietitians Association of Australia (DAA). Most private healthcare funds provide rebates for visits to private practice APDs.

Qualifications

APDs have either completed a DAA-accredited university degree, comprising a minimum of four years full-time training, or have successfully sat the DAA examination for overseas-trained dietitians. APDs must engage in an ongoing continuing professional development (CPD) program, and comply with the DAA's guidelines for best practice.



MBS item number #10954

For further information visit:
www.daa.asn.au

Exercise Physiologists

What does an Exercise Physiologist do?

Exercise physiologists (EPs) provide exercise and lifestyle support for chronic diseases and injuries. The primary aim of service delivery is to encourage lifestyle changes that are sustained in the long term.

Services

Services include individual and group based lifestyle counselling, self-management support, exercise advice and monitoring of behaviour changes with a view to promoting independent lifestyle management. The primary modes of treatment for EPs are behavioural coaching, health education, exercise counselling and physical rehabilitation.

EPs specialise in exercise prescription including individualised exercise programs, promoting leisure-time and incidental activity, and counselling to reduce sedentary behaviours. Initially a range of assessments would be conducted to ensure the activity prescription is safe, effective and likely to be maintained in the long term. The patient will then be given the option of receiving a home based program, ongoing support in an exercise clinic, or a referral to an appropriate local physical activity provider with follow up help provided by the EP.

EPs work with a range of populations, including:

- **Cardiovascular disease**
- **Diabetes**
- **Osteoporosis**
- **Depression**
- **Cancer**
- **Arthritis**
- **COPD**
- **Chronic Pain**

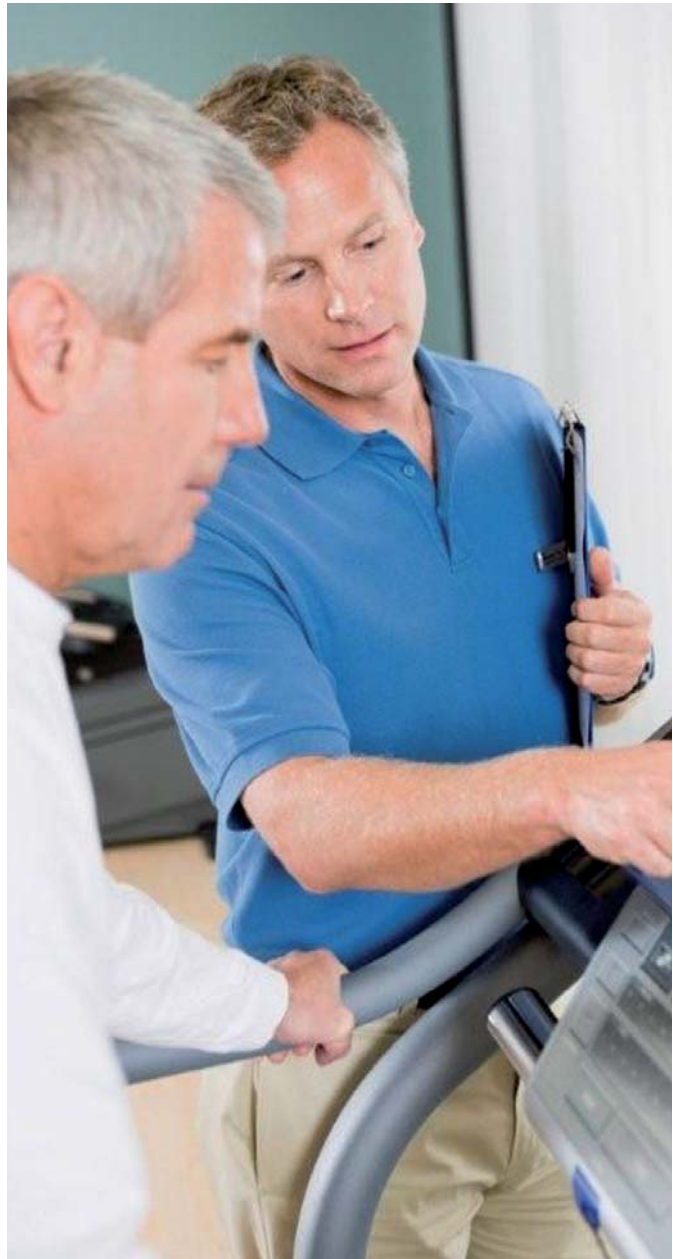
An EP could be referred to either at the point of initial diagnosis, following the identification of risk factors or for promoting general wellbeing.

Medicare Eligibility

Exercise physiologists must be accredited by the Exercise & Sports Science Australia (ESSA) as an 'Accredited Exercise Physiologist' to be eligible to provide services under the CDM Medicare items program. Rebates are also provided by private health insurers.

Qualifications

Exercise physiologists undertake a minimum four-year university degree in exercise physiology. They undertake mandatory continuing education every three years to retain accreditation with ESSA. All exercise physiologists receive specialist training in chronic disease management and behaviour change.



MBS item number #10953

For further information visit:
www.essa.org.au

Mental Health Nurses

What does a Mental Health Nurse do?

Mental health nurses work with people with high and low prevalence mental health disorders, including mental illnesses or psychological distress.

Services

Mental health nurses may:

- **Identify patient goals and interventions required to achieve them**
- **Provide a comprehensive mental status assessment**
- **Contribute to the development of a General Practice Mental Health Care Plan**
- **Contribute to case conferences**
- **Assist patients' families and carers to provide care and support.**
- **Provide psychological education**
- **Provide counselling and psychological interventions**

Patients may be referred to a mental health nurse for provision of:

- **Medication education, management and compliance monitoring**
- **Liaison point between general practitioners and psychiatrists**
- **Support and interventions post discharge from a mental health service**
- **Monitoring of mood, suicidality and self-harm tendencies**
- **Counselling to manage and contain psychological distress**
- **Home visiting**

Medicare Eligibility

To be eligible to provide services under the CDM Medicare items, mental health nurses need to be registered nurses and credentialled by the Australian College of Mental Health Nurses.

They need to be:

- a registered mental health nurse in Tasmania or the Australian Capital Territory
- A 'credentialled mental health nurse' as certified by the Australian College of Mental Health Nurses in other States or the Northern Territory. (**Medicare Eligibility Criteria for Allied Health Professionals providing Medicare Services*)

Qualifications

To be credentialled, mental health nurses need a specialist or post graduate mental health nursing qualification or equivalent; a minimum of three years experience as a registered nurse in mental health or 12 months experience after obtaining a specialist/post graduate qualification; recency of practice and continuing professional education and practice development in the preceding three years.



the Australian College
of Mental Health Nurses Inc.

MBS item number #10956

For further information visit:
www.acmhn.org

Mental Health Social Workers

What does a Mental Health Social Worker do?

Mental health social workers work with individuals with mental disorders to resolve associated psychosocial problems and families in which mental health problems exist in connection with social problems, such as family distress, unemployment, disability, poverty and trauma. They work with issues such as depression, anxiety, mood and personality disorders, suicidal thoughts, relationship problems, adjustment issues, trauma and family conflicts.

Services

Mental health social workers provide a range of evidence-based interventions, which focus on achieving solutions, including:

- Cognitive behavioural therapy
- Relation strategies
- Skills training
- Interpersonal therapy
- Psychoeducation
- Family therapy
- Narrative therapy

Mental health social workers interventions include:

- Detailed psychosocial assessment identifying the connections between mental health problems and complex social contexts
- Assessment of the mental illness and its impact on the life of individuals and their families
- Working with individuals, families, groups and communities to find solutions to mental health problems
- Working cooperatively as part of multidisciplinary teams
- Working within the guidelines of a professional code of ethics, practice standards and legal framework for practice

Medicare Eligibility

To be eligible to provide services under the CDM Medicare items, mental health social workers must be a 'member' of the Australian Association of Social Workers (AASW) and be accredited by AASW as meeting the standards for mental health set out in AASW's 'Practice Standards for Mental Health Social Workers' (2008).

Qualifications

Accredited mental health social workers complete a four-year Bachelors Degree, or a qualifying Masters Degree, and require a minimum of two years supervised social work practice in a mental health or related field.



MBS item number #10956

For further information visit:

www.aasw.asn.au

Occupational Therapists

What does an Occupational Therapist do?

Occupational therapists assist people of all ages to overcome limitations caused by injury or illness, psychological or emotional difficulties, developmental delay or the effects of aging. They assist people to move from dependence to independence, maximising personal capability.

Occupational therapists often work in a multidisciplinary team, assisting people to overcome a wide range of conditions including:

- **Diabetes**
- **Cardiovascular disease**
- **Stroke**
- **Arthritis**
- **Neurological conditions**
- **Stress**

Services

Occupational therapists can assist with:

- **Physical rehabilitation**
- **Home modification**
- **Social and emotional wellbeing**
- **Driver assessment and rehabilitation**
- **Equipment prescription, such as wheelchairs**

Patients could be referred to an occupational therapist if they have difficulties with everyday activities such as dressing and mobility.

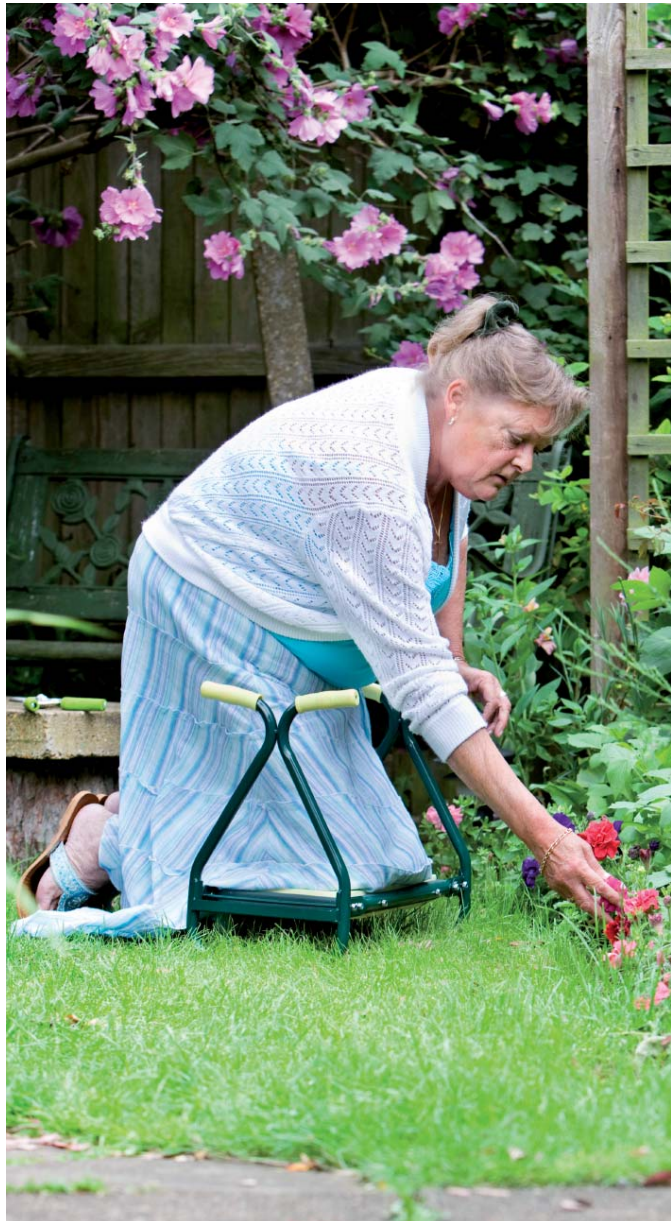
Medicare Eligibility

To be eligible to provide services under CDM Medicare items, occupational therapists in Queensland, Western Australia, South Australia and the Northern Territory must be registered with the Occupational Therapists Board in the State or Territory in which they are practising; elsewhere, they must be full-time or part-time members of Occupational Therapy Australia, the national body of the Australian Association of Occupational Therapists. Most private health insurers provide rebates.

Qualifications

Occupational therapists have either a four-year Bachelors degree or a two-year Graduate Entry Masters Degree in the disciplines of:

- Human Biology, Anatomy and Physiology
- Social and Behavioural Science
- Occupational Science
- Functional Assessment and Activity Analysis
- Occupational Therapy Theory and Practice
- Communication and Management
- Research



MBS item number #10958

For further information visit:
www.ausot.com.au

Osteopaths

What does an Osteopath do?

An osteopath provides manual therapy to treat a wide variety of musculoskeletal problems and other functional disorders of the body, taking a 'whole of body' approach. Osteopaths are primary care practitioners, and are trained to be able to recognise conditions that require medical referral. They are also trained to carry out standard medical examinations of the cardiovascular, respiratory and nervous system.

Services

Osteopaths most commonly work with patients suffering from:

- **Back and neck pain**
- **Sciatica**
- **Headaches**
- **Pain in peripheral joints such as shoulders, knees and ankles, tendonitis and muscle strains**
- **Work-related and repetitive strain injuries**
- **Sports-related injuries**
- **General musculoskeletal conditions**

Osteopaths frequently work as part of a multidisciplinary team to treat a number of chronic conditions, particularly related to musculoskeletal conditions, including maintaining mobility or rehabilitation associated with arthritis, type 2 diabetes, COPD, congestive heart failure and stroke recovery.

Trigger points for referral to an osteopath include:

- **Patient exhibiting mobility problems or postural problems**
- **Patient exhibiting lethargy and immobility leading to back or joint pain**

Medicare Eligibility

To be eligible to provide services under the CDM Medicare items, osteopaths need to be registered with the Osteopaths Registration Board in the State or Territory in which they are practising. Most private health insurers provide rebates.

Qualifications

A five-year full-time Master of Osteopathy Degree is the entry-level qualification to practice as an osteopath. An osteopath also needs to undergo mandatory CPD to be a member of the Australian Osteopathic Association. Mandatory CPD with registration varies from State to State.



MBS item number #10966

For further information visit:
www.osteopathic.com.au

Physiotherapists

What does a Physiotherapist do?

Physiotherapists use a holistic, person-centred approach to support patients across the lifespan to maximise their mobility and functional capacities, and therefore their independence and general wellbeing.

Services

Physiotherapists assist patients with musculoskeletal, cardiothoracic and neurological problems. They provide lifestyle modification and self-management advice; manual and electrophysical therapies; prescribe aids and appliances; prescribe exercise and supervise exercise classes; provide physical activity counselling and movement training; and provide health promotion and prevention activities and advice.

Physiotherapists treat a range of chronic conditions, often as part of multidisciplinary teams, including:

- **Cardiovascular disease**
- **Chronic obstructive pulmonary disease**
- **Diabetes**
- **Osteoarthritis**
- **Osteoporosis**
- **Obesity**
- **Hypertension**
- **Stroke**

Physiotherapists are uniquely placed to address risk factors for chronic conditions. They have knowledge of the complexities of co-morbidities and physical limitations in people with chronic conditions and are trained to design programs that respond to these complications.

Triggers for referring a patient to a physiotherapist:

- **Upon diagnosis of, or assessment that a patient is at risk of developing, a chronic condition.**

Medicare Eligibility

Any physiotherapist registered with the Physiotherapists Registration Board in the state or territory where they are practising is eligible to provide services under the CDM Medicare items. Most private health insurers provide rebates.

Qualifications

Physiotherapy courses may be entered through a university Bachelors, Masters or Professional Doctorate program. All members of the Australian Physiotherapy Association are required to participate in the Association's continuing professional development program.



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

MBS item number #10960

For further information visit:
www.physiotherapy.asn.au

Podiatrists

What does a Podiatrist do?

A podiatrist deals with the prevention, diagnosis, treatment and rehabilitation of medical and surgical conditions of the feet and lower limbs. They implement risk prevention strategies to prevent foot pathologies, provide treatment that delays or minimises the need for hospitalisation and/or invasive treatment, and create therapeutic health care plans, which maximise a patient's quality of life.

Services

Podiatrists may treat patients with bone and joint disorders including:

- **Arthritis**
- **Soft tissue and muscular pathologies**
- **Neurological**
- **Circulatory diseases**

Podiatrists can diagnose and treat complications that affect skin and nails, corns, calluses and ingrown toenails, foot injuries and infections.

Triggers for referral to a podiatrist include:

- **Patient with diabetes and peripheral vascular disease, or neuropathy**
- **Clinical diagnosis or history of foot or lower limb deformity**
- **Clinical diagnosis of falls**

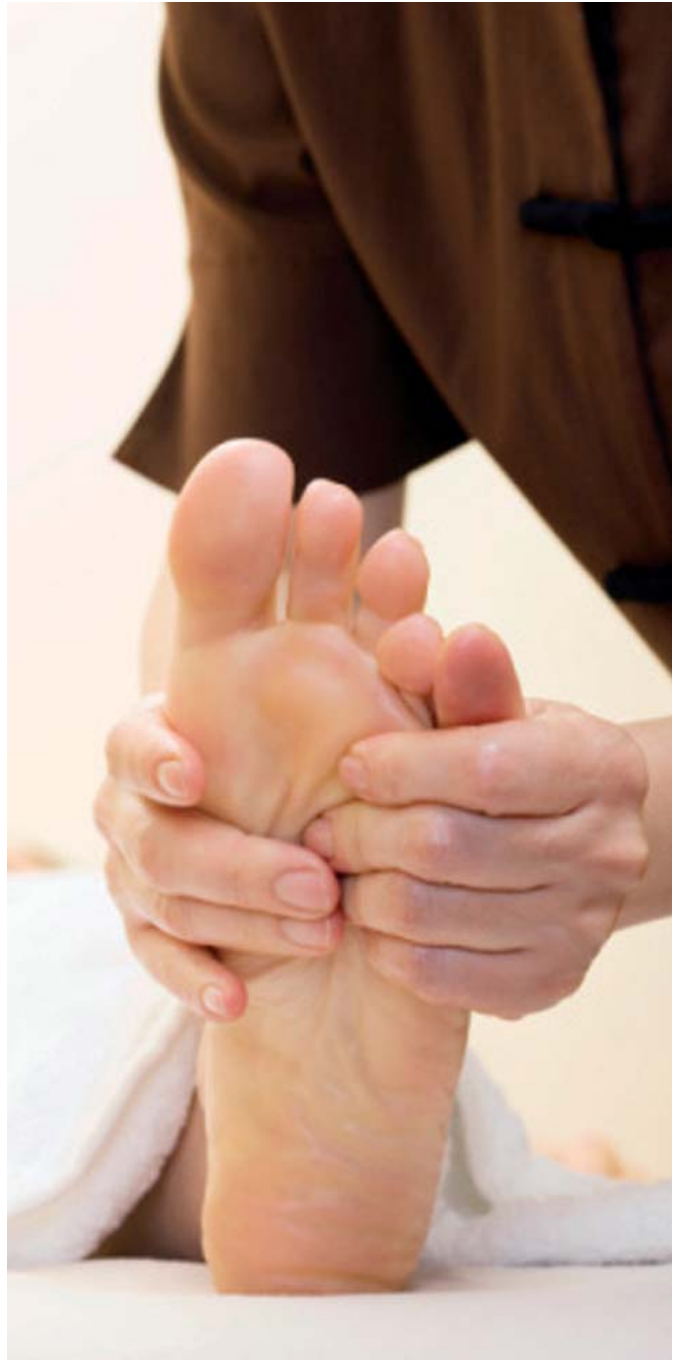
For conditions such as recurring sprains and chronic pain, podiatrists may prescribe foot orthoses.

Medicare Eligibility

To be eligible to provide services under the CDM Medicare items, podiatrists must be registered with the Podiatry Registration Board in each State and Territory in which they practice. In the Northern Territory, legislation requires podiatrists to be registered with another State's Registration Board or to be a 'full member' of a State or Territory Podiatry Association. Most private health insurers provide rebates.

Qualifications

Podiatrists must complete a three-year Bachelor of Podiatry Degree and may undertake a one-year Masters Degree. Training courses in podiatry include specialist training in diabetes.



**Australasian
Podiatry Council**

MBS item number #10962

For further information visit:
www.apodc.com.au

Psychologists

What does a Psychologist do?

Psychologists study the cognitive, emotional, and social aspects of behaviour. They provide services in a range of settings including hospitals, clinics, schools, and private practices. Health psychologists specialise in understanding the effects of psychological factors related to health and illness.

Services

Psychologists use evidence-based interventions, such as cognitive behavioural therapy, to help people adjust to acute, chronic, or complex medical conditions; and also assist people with mental illness.

Their role includes:

- **Working with medical practitioners and other health care professionals to implement patient programs to promote health, prevent illness and to facilitate chronic disease self-management**
- **Working with individuals to make lifestyle changes to maximise health and functional outcomes**
- **Addressing emotional and behavioural factors related to adjustment to chronic conditions or injury**
- **Helping patients with life-threatening conditions to manage pain, cope with medical interventions and the side effects of interventions**
- **Assisting individuals to adhere to treatment regimes**
- **Providing support to patient's families and carers**

Medicare Eligibility

To be eligible to provide CDM Medicare services, psychologists must be registered with the Psychologists Registration Board in the State or Territory in which they are practising. Most private health insurers provide rebates.

Qualifications

A registered psychologist must have completed a four-year Australian Psychology Accreditation Council (APAC) accredited university degree, followed by an APAC accredited post graduate degree or two years of supervised professional training. As a condition of registration, psychologists must strictly adhere to professional and ethical guidelines.

Health psychologists have completed tertiary and/or postgraduate training in both psychological and medical principles. They have been trained in the application of psychology to health promotion and illness, assessment, treatment, rehabilitation and relapse prevention.



The
**Australian
Psychological
Society** Ltd



MBS item number #10968

For further information visit:
www.psychology.org.au

Speech Pathologists

What Does a Speech Pathologist do?

Speech pathologists provide specialist services to people with communication and swallowing difficulties (dysphagia). Communication disorders may affect speech, fluency, hearing, reading and writing, and language skills. Swallowing disorders may affect a person's ability to chew, drink and eat certain foods and/or to swallow safely.

Services

Speech pathologists work with people suffering chronic conditions such as:

- **Dementia**
- **Acquired brain injury (e.g. stroke)**
- **Neurological disease**
- **Cerebral palsy**
- **Head and neck cancer**
- **Stuttering**
- **Frequent loss of voice**
- **Language, literacy or learning problems**
- **Autism Spectrum disorder**

Trigger points for referral to a speech pathologist may include:

- **A person with swallowing difficulties**
- **Babies and children with feeding problems**
- **A child who is not developing sounds and words appropriate for their age**
- **An adult with deteriorating speech or difficulties understanding others**
- **A person with voice problems**

Medicare Eligibility

To be eligible to provide services under the CDM Medicare items, speech pathologists in all States other than Queensland must be a 'practising member' of Speech Pathology Australia, the peak professional body for speech pathologists. In Queensland, speech pathologists must be registered with the Speech Pathologists Board of Queensland. Rebates for speech pathology services are also available under private health insurance funds.

Qualifications

A dual entry training pathway for speech pathology includes a four-year Bachelors Degree, and a two-year entry level Masters Degree. Chronic disease management is integrated into all aspects of training.

Speech Pathology Australia has continuing professional development requirements as part of their Professional Self Regulation program to earn the status of Certified Practising Speech Pathologist.



**Speech
Pathology
Australia**

MBS item number #10970

For further information visit:

www.speechpathologyaustralia.org.au

Section 5

Tip Sheet

Sample Templates

Interprofessional Communication in Chronic Disease Management

Tip Sheet for Allied Health Professionals

● Referrals

- Keep concise, to the point and consistent
- Suggest rather than instruct the course of treatment

● Communication

- Use electronic systems where practicable and in line with the Privacy and Standards for e-health (e.g. do not share clinically sensitive information using unsecure emails)
- Ensure that the referring GP is notified if a patient misses appointments; this could have implications for patient outcomes and for requirements under Medicare Australia
- Use written information rather than relying on verbal communication, and retain a copy for your own records

● Reports to GPs

- Use a structured layout so the relevant information can be easily found
- Provide critical identifiers (e.g. patient name; DOB) and customised information, including expected treatment, specific health-related information and socially important information (e.g. co-morbidities, family histories, drug/alcohol intake levels etc)
- Use a unique patient identifier as agreed between healthcare providers, especially if e-communications is not appropriate or not available
- Where possible include other relevant information. For example, new research or evidence-based treatment relevant to the patient's condition
- Include the planned process – 'The recommended plan from here is
- Ask for the patient to be referred back if a particular symptom occurs (i.e. what red flags should GPs look for)
- Include your own findings rather than repeat information the GP sent in the first place, (e.g. In addition to the history you have provided, I have also noted the following

● General Practice Network

Where possible, register with your local general practice network (GPN). GPs often contact their GPNs when trying to locate an AHP and some GPNs develop local directories of healthcare providers. Many GPNs also run networking events to bring GPs and AHPs in the area together.

Allied Health Professional Assessment / Management Report for General Practitioner

Referral Date:

Review Date:

Feedback Requested via: (Please indicate ✓) Letter ☐ Fax ☐ Email ☐

Referring Allied Health Professional:

Patient details (Please indicate ✓) Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐

Name:

Preferred name:

Date of Birth:

Sex: (Please indicate ✓) Male ☐ Female ☐

Address:

Telephone: (Home)

(Work)

(Mobile)

Email:

Emergency Contact:

Patient Assessment:

Date of Assessment:

Treatment by allied health professional:

Suggested treatment / actions for referring general practitioner:

Additional Patient History:

Patient may also benefit from:

Additional / Contributing Factors:

Other Notes (e.g. current services, evidence-based new research):

Investigation / Test Results:

Date of Diagnosis:

Allied health professional signature:
CC patient

Provider number:

Sample Template for AHP reports
back to GPs following patient
assessment/ intervention
(downloadable in useable format from the web site)

Section 6

Schematics

Type 2 Diabetes

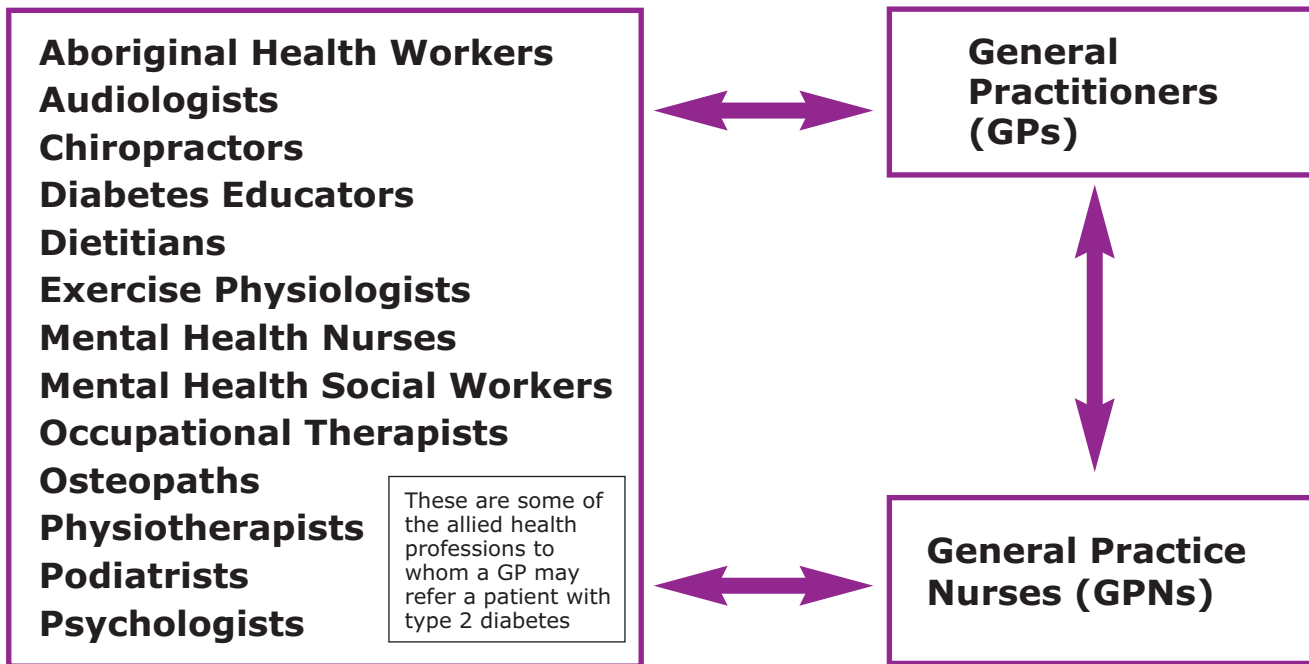
Osteoarthritis

Stroke Recovery

**An Interactive Version of the Schematics
is available on the CDM Web Site.**



Patient –Type 2 Diabetes



Aboriginal health workers

■ Trigger points for a general practitioner referral to an Aboriginal health worker

- The patient is of Aboriginal descent
- May have communication difficulties in understanding the nature of the disease, its symptoms and treatment
- The patient may have cultural sensitivities of which the healthcare team need to be aware

■ Trigger points for an Aboriginal health worker referral to a general practitioner

- The patient is not responding to medical treatment
- The patient may not be adhering to the treatment program
- Symptoms are worsening
- Comorbidity may be suspected

Potential treatment by an Aboriginal health worker

- Act as interpreters to ensure the healthcare professionals are clear about the patient's symptoms, medical and personal history
- Ensure that the patient has a good understanding of the diagnosis, treatment and health care advice
- Monitor the patient in between medical appointments
- Keep progress notes to be stored in the patient's file and on a database for access by other healthcare professionals
- Specialise in areas such as diabetes, mental health and eye and ear health

Audiologists

■ Trigger points for a general practitioner referral to an audiologist

- New or recent diagnosis
- Observed difficulty understanding conversation
- Reported onset of hearing loss
- Reported onset of tinnitus

■ Trigger points for an audiologist referral to a general practitioner

- Deterioration of symptoms
- Identified symptoms for medical management or referral to Ear-Nose-Throat specialist

Potential treatment by an audiologist

- Audiological assessment to determine any sensorineural hearing loss and any communication needs
- Rehabilitation program to address communication strategies and fitting and effective use of appropriate hearing devices and listening technology
- Tinnitus assessment and counselling
- Family and carer support to better manage communication needs

Chiropractors

■ Trigger points for a general practitioner referral to a chiropractor

- When a patient presents with type 2 diabetes or at risk of developing it
- When a patient needs advice and/or treatment for assistance with mobility, balance or pain management
- Present history of joint receptors inhibition/fixation and/or degeneration requiring modulation
- Spinal pain, injury, dysfunction, degeneration, coordination/balance
- Poor spinal mechanics; poor posture, spinal motion restriction
- Musculoskeletal effects of diabetes, including muscle cramps, complex regional pain syndrome, calcific tendonitis, diabetic stiff hand, neuropathic arthropathy, carpal tunnel syndrome, frozen shoulder, tendosynovitis and Dupuytren's contracture
- Need for management of balance and mobility to assist in capacity to exercise

■ Trigger points for a chiropractor referral to a general practitioner

- Weight change for possible modification of insulin
- Development of clinical depression associated with chronic illness
- Signs and symptoms of poor management of blood glucose levels
- Signs and symptoms of progression and worsening of diabetes such as neurological, vascular and ocular symptoms, poor wound healing
- Intermittent reassessment of overall case picture such as blood pressure, blood testing, vision testing etc

Potential treatment by a chiropractor

- Management of musculoskeletal effects of diabetes
- Spinal assessment and controlled treatment/facilitation/exercise
- Assist patients with general health and well-being education, particularly diet, exercise and techniques to alleviate pain and increase mobility
- Neurological and mechanical stimulation of somatovisceral reflexes affecting the spinal pathways and pancreatic function where indicated
- Increase physiological function for symptom improvement, quality of life and assist tissue regeneration repair as much as possible in the declining diabetic
- Monitor blood pressure, health status and provide lifestyle advice
- Maximisation of functional capacity to help maintain activity levels

Diabetes Educators

■ Trigger points for a general practitioner referral to a diabetes educator

- Newly diagnosed with type 2 and type 1 diabetes
- Starting or changing diabetes medicines and insulin therapy
- Not achieving glycaemic targets or desired clinical goals
- To gain more self-management knowledge, skills or confidence
- In gestational diabetes and diabetes in pregnancy
- After experiencing severe or recurrent hypoglycaemia and following hospitalisation for diabetes
- As part of an annual cycle of review
- Following hospitalisation for acute diabetes complications
- Following diagnosis of chronic diabetes complications

■ Trigger points for a diabetes educator referral to a general practitioner

- Changes to blood glucose patterns
- When unable to be managed by existing medicines, management and/or treatment methods
- Not achieving treatment targets for BP, lipids and glycaemic control
- When complication screening is indicated

Potential treatment by a diabetes educator

- Integration of clinical assessment and care, self-management education, skills training and information to support and motivate to:
 - Make appropriate food choices
 - Incorporate physical activity into daily life
 - Use medicines safely and effectively
 - Monitor, interpret and adjust self-management in accordance with blood glucose

Dietitians

■ Trigger points for a general practitioner referral to a dietitian

- New diagnosis of patient with type 2 diabetes
- Patient previously diagnosed but needing ongoing dietary intervention
- Change in medical therapy such as addition of insulin
- Significant weight change
- Poor understanding of impact of diet on their condition.

■ Trigger points for a dietitian referral to a general practitioner

- Poor control of the condition (e.g. poor glycaemic, lipid and blood pressure control requiring medical intervention)
- Patient unable to be managed by existing medication and/or existing treatment methods

Potential treatment by a dietitian

- Medical nutrition therapy, including:
 - Assessment of medical, lifestyle and psychosocial issues and detailed dietary history
 - Tailored dietary advice and goal setting
 - Dietary advice for glycaemic, lipid and blood pressure control
 - Weight management advice
 - Food/meal planning (eating patterns, serve sizes, foods to avoid/limit)
 - Provision of health information and resources

Exercise physiologists

■ Trigger points for a general practitioner referral to an exercise physiologist

- Initial diagnosis of impaired fasting glucose, impaired glucose tolerance, prevention of 'at risk' groups
- Poor self-management of diabetes

■ Trigger points for an exercise physiologist referral to a general practitioner

- Poor control of glucose levels, lipids or blood pressure
- Poor maintenance of physical activity
- Comorbidity (e.g. uncontrolled ischaemia, persistent joint pain, poor wound healing)

Potential treatment by an exercise physiologist

- Exercise prescription: individualised exercise prescription with an optimal dose for diabetes and cardiovascular benefit. Exercise prescription would be balanced with the patients' goals, readiness to change, knowledge, skills and access to resources and may be conducted in the home, gym or EP clinic
- Education: about diabetes management, cardiovascular risk factors, weight control
- Assessment: may include- goals, exercise history, anthropometry, blood pressure, blood profiles, fitness, strength, power, balance, mobility and may include specific assessments for work or activities of daily living
- Physical activity advice: encouraging incidental and leisure-time activity, active transport and reducing sedentary behaviours
- Self-management support: health education, planning, monitoring, follow up, behavioural counselling and relapse prevention
- Referral: matching patients to appropriate community based physical activity options with consideration of their age, interests, transport, functional capacity and cultural orientation

Mental health nurses

■ Trigger points for a general practitioner referral to a mental health nurse

- New or recent diagnosis of patient with type 2 diabetes
- Patient has difficulty adjusting to the diagnosis
- Patient develops risk factors for the development of a mental disorder
- Patient has depression and/or anxiety, either pre-existing or in association with the physical condition
- Patient has a pre-existing mental disorder
- Mental state is such that ongoing monitoring is required

■ Trigger points for a mental health nurse referral to a general practitioner

- Deterioration in physical health
- Significant deterioration in mental health requiring referral to a psychiatrist
- Regular medical review

Potential treatment by a mental health nurse

- A holistic assessment identifying all factors impacting on the person's physical and mental health
- Provision of counselling and support to assist patient to adjust to lifestyle changes
- Assist the family to accept and understand the diagnosis by providing support, education and information where necessary
- Monitoring mental state as it relates to treatment acceptance/adherence, with a background foundational knowledge of the biological sciences
- Evidence-based psychological strategies

Mental health social workers

■ Trigger points for a general practitioner referral to a mental health social worker

- New or recent diagnosis of patient with type 2 diabetes
- Difficulty in adjusting to diagnosis
- Low mood, elevated levels of anxiety and/or previous history of mental health condition
- Changes in social or occupational functioning
- Poor adherence to self-management strategies

■ Trigger points for a mental health social worker referral to a general practitioner

- Worsening of physical health and functioning
- Increasing symptom severity
- Ongoing poor chronic self-management which could have adverse consequences for health
- Regular medical review

Potential treatment by a mental health social worker

- Provide a biopsychosocial assessment that would assist the referring general practitioner to identify all the factors affecting the patient
- Provide education to ensure understanding of short/long term consequences
- Support individuals to establish and maintain lifestyle goals to bring about required changes
- Evidence-based treatment for psychological disorders including motivational interviewing, cognitive behaviour therapy and relaxation strategies
- Provide support, education and/or identification of other appropriate resources to assist the patient and their families

Occupational therapists

■ Trigger points for a general practitioner referral to an occupational therapist

- Patient not coping with everyday activities of daily living (self-care, toileting, bathing, feeding, shopping, socialising)
- Difficulty in transfers (e.g. struggle to get out of chair)
- Difficulty in reaching perineum (e.g. regular urinary tract infections)
- Difficulty in reaching extremities (e.g. tying their shoe laces)
- Difficulty with mobility (e.g. your patient walks very close to you)

■ Trigger points for an occupational therapist referral to a general practitioner

- Comorbidity (depression, other acute conditions)
- Failure to progress
- Wounds that do not heal
- Poor compliance to medication regime
- Life crises (sudden change in life circumstances – such as death of partner, family member or pet)

Potential treatment by an occupational therapist

- Pressure care
- Independence in activities of daily living (dressing, toileting, bathing)
- Environmental modification (correcting the height of chairs, tables, beds, toilets, kitchen benches, trolleys)
- Adaptive equipment prescription (chairs, wheelchairs, reaching aids, etc)
- Work simplification and energy conservation (structuring tasks, jobs and routines to make them easier)

Osteopaths

■ Trigger points for a general practitioner referral to an osteopath

- When a patient needs advice and/or treatment to for assistance with mobility, balance, pain management
- When patients present with type 2 diabetes or at risk of developing it
- Present history or increasing signs of mobility reduction
- Increase in joint or back pain leading to reduced mobility

■ Trigger points for an osteopath referral to a general practitioner

- Identifying and referring at risk patients who present with diabetic symptoms, or problems relating to type 2 diabetes that require medical attention
- Weight changes for possible modification of insulin
- Identify poor compliance and poor adherence to self-management
- Signs and symptoms of progression and worsening of diabetes such as neurological, vascular and ocular symptoms
- Identify and monitor poor wound healing

Potential treatment by an osteopath

- Assist patients with general health and well being education, including basic information on healthy eating and exercise prescription, techniques and treatment to alleviate pain and increase joint ROM and mobility
- Assist and support self managed care e.g. through exercise and healthy eating
- Management of musculoskeletal and neurological complications of diabetes
- Role in management through monitoring vitals e.g. blood pressure etc
- Examine for and monitor neurological involvement and progression examination of cranial and peripheral nerves assessing myotomes, dermatomes, reflexes
- Mobilisation, articulation and manipulation of joints to assist in ensuring mobility, function, ambulation, joint ROM are working correctly, maintaining movement and balance
- Treatment of muscle spasticity, hypertonicity, pain, altered muscle length

Physiotherapists

■ Trigger points for a general practitioner referral to a physiotherapist

- Someone with type 2 diabetes or at risk of developing it

■ Trigger points for a physiotherapist referral to a general practitioner

- Identification of problems relating to type 2 diabetes that requires medical attention

Potential treatment by a physiotherapist

- Develop safe exercise programs for managing or preventing type 2 diabetes. Appropriate exercise can help to balance cholesterol levels, improve insulin regulation, and achieve and maintain a patient's optimal weight
- Help patients to manage the effects of diabetes, including foot disorders (e.g., through teaching correct gait and posture), balance difficulties, musculoskeletal complications (e.g., frozen shoulder, back pain or osteoarthritis), and neurological conditions (e.g., carpal tunnel syndrome and sciatica) through appropriate treatment modalities to help prevent further damage
- Help provide non-pharmacological relief for diabetic neuropathy, oedema and foot ulcers
- Provide assistance to amputees, through pain relief techniques, rehabilitation and effective use of prostheses
- Provide lifestyle modification advice

Podiatrists

■ Trigger points for a general practitioner referral to a podiatrist

- Clinical diagnosis or history of peripheral neuropathy (PN), peripheral vascular disease (PVD), foot deformity, foot ulcer
- Patients with diabetes require a minimum of 12 month foot screening of the above factors
- Patients with a diagnosis of any of the above factors need at least three to six monthly podiatric care, according to international consensus

■ Trigger points for a podiatrist referral to a general practitioner

- Foot infection requiring antibiotics
- Hyperglycaemia management
- Oral management of painful peripheral neuropathy
- Referral to medical specialist and/or multidisciplinary team
- Referral for more complex imaging unable to be directly referred by podiatrists (e.g. bone scan, MRI etc) and/or pathology

Potential treatment by a podiatrist

- Assessment, diagnosis and management of foot ulcers, amputation, Charcot joints, PNM, PVD and/or foot deformity
- Ongoing management of any of the above including:
 - Wound dressing
 - Debridement of wounds and calluses/corns
 - Off-loading wounds and/or high plantar pressure areas (e.g. orthotics, casting, wound boots)
 - Biomechanical and gait analysis
 - Footwear advice and prescription
 - Podiatric foot care and diabetes education
 - Monitoring and referral for infection, hyperglycaemia, PVD etc
 - Imaging referrals (e.g. X-Ray or Ultrasound) for possible osteomyelitis etc
 - Coordination and/or correspondence with GP and multidisciplinary diabetic foot team (e.g. podiatrist, physician, surgeon, diabetes educator, dietitian, orthotics/pedorthotist etc)

Psychologists

■ Trigger points for a general practitioner referral to a psychologist

- New or recent diagnosis and indications of difficulty adjusting to diagnosis (e.g. no changes made in behaviour or diet; changes in mood)
- Poor adherence to self-management strategies
- Low mood, elevated levels of anxiety and/or previous history of mental health condition
- Changes in social or occupational functioning
- Poor stress and/or weight management
- Difficulty accepting and integrating changes in self-concept or body image

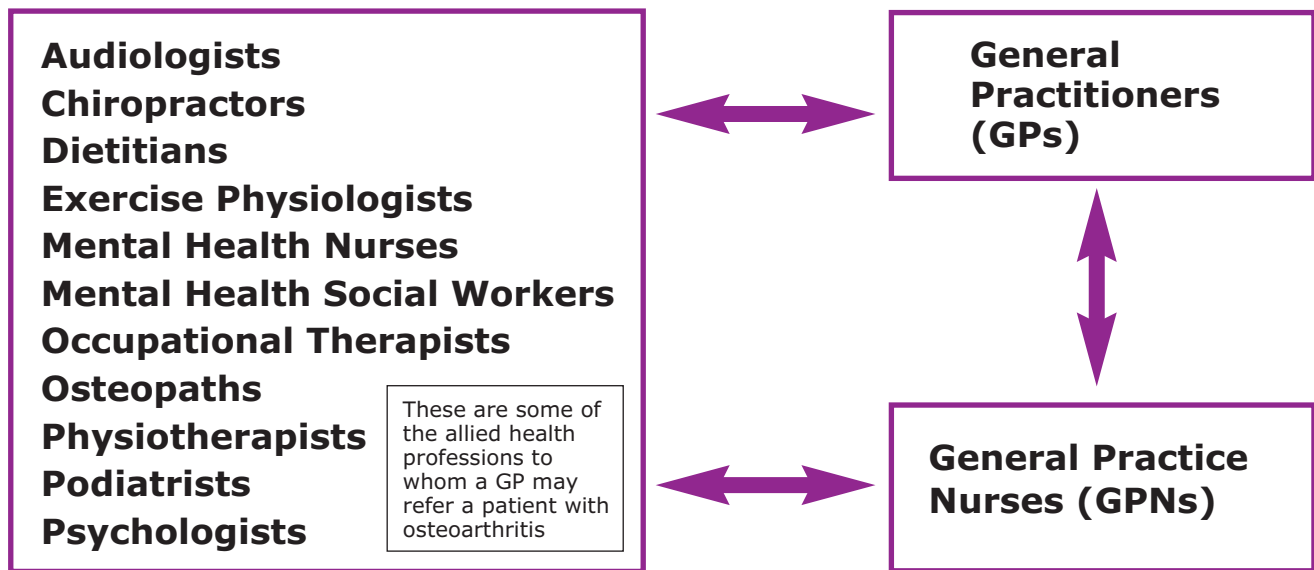
■ Trigger points for a psychologist referral to a general practitioner

- Ongoing poor chronic condition self-management which would have likely adverse consequences for health
- Deteriorations in physical health and functioning (especially related to feet, eyes)
- Extended time between medical reviews
- Increasing symptom severity

Potential treatment by a psychologist

- Biopsychosocial assessment to precede intervention
- Provide education to ensure accurate knowledge and understanding of diabetes symptoms and short/long term consequences
- Provide blood glucose awareness training
- Assist with adjustment to insulin therapy
- Provide weight and stress management strategies (including relaxation strategies)
- Evidence based treatment for psychological disorders (e.g. mood, anxiety and eating disorders)
- Assertiveness and problem solving training
- Enhancing social support
- Psychosocial support for partners and carers
- Promote adherence to self-management practices such as glucose monitoring, medication, exercise, dietary changes and other self-care such as foot-care

Patient – Osteoarthritis



Audiologists

■ Trigger points for a general practitioner referral to an audiologist

- Observed difficulty hearing clearly
- Pre-existing hearing loss and increased difficulty in management or cessation of use of any hearing devices previously fitted
- Reported onset of hearing loss
- Reported onset of tinnitus
- Increased difficulty in use of telephone compounded by osteoarthritis and hearing loss

■ Trigger points for an audiologist referral to a general practitioner

- Deterioration of symptoms
- Identified symptoms for medical management or referral to ear-nose-throat specialist

Potential treatment by an audiologist

- Audiological assessment to determine any hearing loss and communication needs
- Fitting of appropriate hearing devices and/or assistive listening devices
- Review of any current hearing devices and how independent management may be simplified or maintained
- Consideration of alternative hearing devices to ease management
- Tinnitus assessment and counselling
- Rehabilitation program to address communication strategies and effective use of appropriate technology
- Family and carer support to better manage communication needs

Chiropractors

■ Trigger points for a general practitioner referral to a chiropractor

- Initial diagnosis of osteoarthritis
- When a patient needs advice and/or treatment for assistance with mobility, balance or pain management coordination
- Past or present history of spinal pain, injury, dysfunction, degeneration
- Poor spinal mechanics
- Diagnosis of kyphosis, scoliosis, hyperlordosis, poor posture
- Spinal and/or rib cage motion restriction/spinal hypomobility
- Peripheral joint motion restriction
- Where poor articular mechanics are affecting lifestyle
- Associated musculoskeletal symptoms
- Irritation of neural elements

■ Trigger points for a chiropractor referral to a general practitioner

- Progression of joint degeneration to point of requirement for orthopaedic referral
- Onset or progression of neurological signs and symptoms associated with central and lateral canal stenosis
- Worsening of symptomology e.g. calor
- Where surgery may be required or indication of infection
- Development of clinical depression associated with chronic illness

Potential treatment by a chiropractor

- Advice on lifestyle modification, tailored exercise, stretching, self-massage, heat/ice and weight reduction
- Controlled mobilisation of hypomobile articulations
- Proprioceptive stimulation to aid joint health
- Assist patients with general health and well-being education, particularly diet, exercise and techniques to alleviate pain and increase mobility
- Diet modification to reduce inflammatory process

Dietitians

■ Trigger points for a general practitioner referral to a dietitian

- New diagnosis requiring dietary modification
- Change in medical therapy
- Significant weight change
- Poor understanding of diet
- Poor food intake, poor appetite or difficulty preparing or eating food
- Periodic review of medical nutrition therapy

■ Trigger points for a dietitian referral to a general practitioner

- Poor control of the condition, requiring medical intervention

Potential treatment by a dietitian

- Medical nutrition therapy, including:
 - Assessment of medical, lifestyle and psychosocial issues and detailed dietary history
 - Tailored dietary advice and goal-setting
 - Food/meal planning (eating patterns, serve sizes, weight management, foods to avoid/limit)
 - Provision of health information and resources

Exercise physiologists

■ Trigger points for a general practitioner referral to an exercise physiologist

- Initial diagnosis of osteoarthritis
- Difficulty performing activities of daily living
- Poor strength and/or mobility
- History of falls/fractures
- Obesity exacerbating symptoms
- Requires preparation for surgical intervention

■ Trigger points for an exercise physiologist referral to a general practitioner

- Movement intolerance
- Poor progress
- Development of associated diseases from previous inactivity

Potential treatment by an exercise physiologist

- Exercise prescription: to increase strength, balance, active (muscular) joint support and physical function
- Decrease body weight
- Education: about arthritis management and weight loss
- Pain management: incorporated with activity prescription to minimise excessive joint loading, understand pain management principles
- Assessment: may include goals, exercise history, muscular function, fitness, strength, power, balance, mobility, posture and may include specific assessments for work, or activities of daily living
- Physical activity advice: encouraging incidental and leisure-time activity, active transport and reducing sedentary behaviours
- Self-management support: health education, planning, monitoring, follow up, behavioural counselling and relapse prevention
- Referral: matching patients to appropriate community based physical activity options with consideration of their age, interests, transport, functional capacity and cultural orientation

Mental health nurses

■ Trigger points for a general practitioner referral to a mental health nurse

- New or recent diagnosis of patient with osteoarthritis
- Patient has difficulty adjusting to the diagnosis
- Patient develops risk factors for the development of a mental disorder
- Patient has depression and/or anxiety, either pre-existing or in association with the physical condition
- Patient has pre-existing mental disorder
- Mental state is such that ongoing monitoring of mental state is required

■ Trigger points for a mental health nurse referral to a general practitioner

- Deterioration in physical health
- Significant deterioration in mental health requiring referral to a psychiatrist
- Regular medical review

Potential treatment by a mental health nurse

- A holistic assessment identifying all factors impacting on the person's physical and mental health
- Provision of counselling and support to assist patient to adjust to lifestyle changes
- Assist the family to accept and understand the diagnosis by providing support, education and information where necessary
- Monitoring mental state as it relates to treatment acceptance/adherence, with a background foundational knowledge of the biological sciences
- Evidence-based psychological strategies

Mental health social workers

■ Trigger points for a general practitioner referral to a mental health social worker

- New or recent diagnosis of patient with osteoarthritis
- Difficulty in adjusting to diagnosis
- Low mood, elevated levels of anxiety and/or previous history of mental health condition
- Changes in social or occupational functioning
- Poor adherence to self-management strategies

■ Trigger points for a mental health social worker referral to a general practitioner

- Worsening of physical health and functioning
- Increasing symptom severity
- Ongoing poor chronic self-management which would likely have adverse consequences for health
- Regular medical review

Potential treatment by a mental health social worker

- Provide a biopsychosocial assessment that would assist the referring general practitioner to identify all the factors affecting the patient
- Provide education to ensure understanding of short/long term consequences
- Support individuals to establish and maintain lifestyle goals to bring about required changes
- Evidence-based treatment for psychological disorders including motivational interviewing, cognitive behaviour therapy and relaxation strategies
- Provide support, education and/or identification of other appropriate resources to assist the patient and their families

Occupational therapists

■ Trigger points for a general practitioner referral to an occupational therapist

- Patient not coping with everyday activities of daily living such as self-care, toileting, bathing, feeding, shopping, socialising
- Difficulty in transfers (e.g. struggle to get out of chair)
- Difficulty in reaching perineum as demonstrated by frequent urinary tract infections
- Difficulty in reaching extremities such as tying up shoe laces
- Difficulty with mobility such as patient stands and walks very close to you

■ Trigger points for an occupational therapist referral to a general practitioner

- Comorbidity (depression, other acute conditions)
- Failure to progress
- Wounds that do not heal
- Poor compliance to medication regime
- Life crises (sudden change in life circumstances, such as death of partner, family member or pet)

Potential treatment by an occupational therapist

- Splinting/joint protection to rest joints in an appropriate position
- Utensil modification including built up handles on cutlery, tap turners and levers, door handles
- Independence in activities of daily living such as dressing, toileting, bathing
- Environmental modification including correcting the height of chairs, tables, beds, toilets, kitchen benches, trolley
- Adaptive equipment prescription for chairs, wheelchairs and reaching aids
- Work simplification and energy conservation

Osteopaths

■ Trigger points for a general practitioner referral to an osteopath

- When a patient needs advice and/or treatment for assistance with mobility, balance, pain management
- Where lethargy and immobility lead to back or joint pain

■ Trigger points for an osteopath referral to a general practitioner

- Any progression, particularly if aggressive systemic disease for pain management, medications or referral for surgery
- Identify poor compliance and poor adherence to self-management
- Hereditary factors
- Overweight with inactivity
- Chronic stress across joints or impaired joint function, atrophic skin
- Muscle weakness
- Any juvenile arthritis

Potential treatment by an osteopath

- Assist patients with general health and well being education, including basic information on healthy eating, exercise prescription, techniques and treatment to alleviate pain and increase joint ROM and mobility
- Assist and support self managed care e.g. through exercise and healthy eating
- Mobilisation, articulation and manipulation of joints to assist in ensuring mobility, function, ambulation, joint ROM are working correctly and maintaining movement
- Treatment of muscle spasticity, hypertonicity, pain, altered muscle length

Physiotherapists

■ Trigger points for a general practitioner referral to a physiotherapist

- Any patient suffering from osteoarthritis

■ Trigger points for a physiotherapist referral to a general practitioner

- Identification of a patient suffering osteoarthritis who is not currently managed by a GP
- Identification of complications relating to osteoarthritis that requires medical management

Potential treatment by a physiotherapist

- Exercise prescription and exercise classes, designed to increase muscle strength, improve flexibility of the joints, improve balance and coordination and maximise cartilage health
- Lifestyle modification advice
- Manual techniques, including patella taping
- Techniques to assist in the management of pain
- Provision of aids and appliances such as walking sticks and knee braces
- Health promotion and prevention activities

Podiatrists

■ Trigger points for a general practitioner referral to a podiatrist

- Clinical diagnosis or history of foot/lower limb deformity

■ Trigger points for a podiatrist referral to a general practitioner

- Foot infection requiring antibiotics
- Medication management for exacerbations
- Referral to medical specialist

Potential treatment by a podiatrist

- Wound dressings and topical medication
- Off-loading and immobilisation (such as orthotics, splinting and casting)
- Biomechanical and gait analysis
- Footwear advice and prescription
- Podiatric foot care due to lack of movement from arthritis and arthritis education
- Monitoring and referral for exacerbations, such as infection and PVD
- Imaging referrals (for X-Ray or Ultrasound)

Psychologists

■ Trigger points for a general practitioner referral to a psychologist

- New or recent diagnosis and indications of difficulty adjusting to diagnosis (including no change in behaviour or mood)
- Poor adherence to self-management strategies
- Low mood, elevated levels of anxiety and/or previous history of mental health condition
- Changes in social or occupational functioning
- Poor stress management
- Difficulty accepting and integrating changes in self-concept or body image

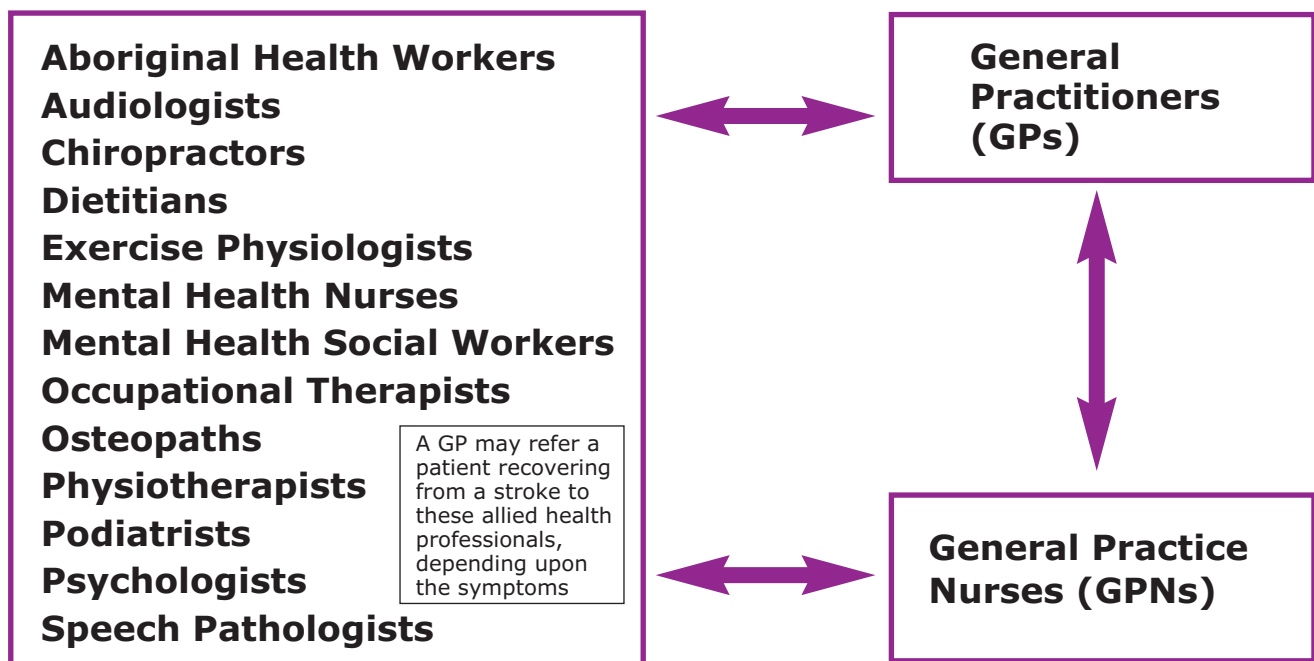
■ Trigger points for a psychologist referral to a general practitioner

- Ongoing poor chronic condition self-management
- Deteriorations in physical health and functioning
- Extended time between medical reviews
- Increasing symptom severity

Potential treatment by a psychologist

- Biopsychosocial assessment to precede intervention
- Education to ensure accurate knowledge and understanding of osteoarthritis symptoms and short/long-term consequences
- Facilitation of behaviour changes in diet, exercise, adherence to prescribed medication to minimise or slow the rate of symptom deterioration
- Cognitive and behavioural stress management strategies including relaxation strategies
- Evidence-based treatment for psychological disorders such as mood, anxiety and eating disorders
- Assertiveness and problem solving training
- Enhancing social support and relationship counselling
- Psychosocial support for partners and carers
- Assist patient with pain management strategies
- Assist patient to adjust to declining mobility and overall functioning

Patient – Stroke Recovery



Aboriginal health workers

■ Trigger points for a general practitioner referral to an Aboriginal health worker

- The patient is of Aboriginal descent
- May have communication difficulties in understanding the nature of the disease, its symptoms and treatment
- The patient may have cultural sensitivities of which the healthcare team need to be aware

■ Trigger points for an Aboriginal health worker referral to a general practitioner

- The patient is not responding to medical treatment
- The patient may not be adhering to the treatment program
- Symptoms are worsening
- Comorbidity may be suspected

Potential treatment by an Aboriginal health worker

- Act as interpreters to ensure the healthcare practitioners are clear about the patient's symptoms, medical and personal history
- Ensure that the patient has a good understanding of the diagnosis, treatment and health care advice
- Monitor the patient in between medical appointments
- Keep progress notes to be stored in the patient's file and on a database for access by other healthcare practitioners
- Specialise in areas such as diabetes, mental health and eye and ear health

Audiologists

■ Trigger points for a general practitioner referral to an audiologist

- Sudden or rapid change in hearing levels
- Difficulty understanding conversation
- Observed difficulty in listening
- Reported onset of hearing loss
- Reported onset of tinnitus
- Pre-existing hearing loss and increased difficulty in management or cessation of use of any hearing devices previously fitted

■ Trigger points for an audiologist referral to a general practitioner

- Deterioration of symptoms
- Identified symptoms for medical management or referral to ear-nose-throat specialist

Potential treatment by an audiologist

- Audiological assessment to determine any hearing loss and communication needs
- Fitting of appropriate hearing devices and/or assistive listening devices
- Review of any current hearing devices and how independent management may be simplified or maintained
- Consideration of alternative hearing devices to ease management
- Tinnitus assessment and counselling
- Rehabilitation program to address communication strategies and effective use of appropriate technology
- Family and carer support to better manage communication needs
- Liaison with and referral to other health professionals e.g. speech pathologist for speech and language processing difficulties

Chiropractors

■ Trigger points for a general practitioner referral to a chiropractor

- Diagnosis of stroke, after acute management
- When a patient needs advice and/or treatment for assistance with mobility, balance or pain management
- Need for improved coordination of joints
- Poor spinal function; past or present history of mechanical joint pain, injury, dysfunction, spinal degeneration
- Spinal or rib cage motion restriction to assist respiration and movement
- Need for assistance in the management of coordination, balance and mobility
- History of falls, need for fall prevention
- Need for ongoing monitoring of neurological status and recovery

■ Trigger points for a chiropractor referral to a general practitioner

- Onset or progression of neurological signs and symptoms, such as red flags and orange flags
- Development of clinical depression associated with the condition
- Signs of neurological deficit
- Co-management, e.g. monitoring of warfarin levels

Potential treatment by a chiropractor

- Stimulation of mechanoreceptors in the spine as vital for brain function
- Lifestyle modification advice
- Monitor and rehabilitate neuromuscular and general joint function
- Targeted stimulation of afferent pathways for stimulation of neurological recovery
- Assess and treat the spine for presence of vertebral subluxation complex
- Assist patients with general health and well-being education, particularly diet, exercise and techniques to alleviate pain and increase mobility
- Lifestyle modification advice
- Soft tissue therapy – stimulation of peripheral joints on affected side; light touch, joint proprioceptive stimulation, deep pressure

Dietitians

■ Trigger points for a general practitioner referral to a dietitian

- New diagnosis requiring dietary modification
- Change in medical therapy
- Significant weight change
- Poor understanding of diet
- Poor food intake, poor appetite or difficulty preparing or eating food
- Periodic review of medical nutrition therapy

■ Trigger points for a dietitian referral to a general practitioner

- Poor control of condition (such as poor lipid or blood pressure control)
- Malnutrition

Potential treatment by a dietitian

- Medical nutrition therapy, including:
 - Assessment of medical, lifestyle and psychosocial issues and detailed dietary history
 - Tailored dietary advice and goal setting
 - Lipid and blood pressure control
 - Prevention of malnutrition
 - Weight management
 - Food/meal planning (eating patterns, serve sizes, texture modification, nutrition support – including long-term enteral feeding)
 - Provision of health information and resources

Exercise physiologists

■ Trigger points for a general practitioner referral to an exercise physiologist

- Post-acute phase
- Poor strength and/or mobility
- History of falls/fractures
- Difficulty performing activities of daily living
- Reduced self efficacy for physical activity

■ Trigger points for an exercise physiologist referral to a general practitioner

- New or unexplained symptoms
- Depression

Potential treatment by an exercise physiologist

- Exercise prescription: individualised exercise prescription with an optimal dose for cardiovascular and functional benefit. Exercise prescription would be balanced with the patients' goals, readiness to change, knowledge, skills and access to resources and may be conducted in the home, gym or EP clinic
- Education: about stroke recovery and cardiovascular risk factors
- Assessment: may include goals, exercise history, anthropometry, blood pressure, blood profiles, fitness, strength, power, balance, mobility and may include specific assessments for work or activities of daily living
- Physical activity advice: encouraging incidental and leisure-time activity, active transport (where possible) and reducing sedentary behaviours
- Self-management support: health education, planning, monitoring, follow up, behavioural counselling and relapse prevention
- Referral: matching patients to appropriate community based physical activity options with consideration of their age, interests, transport, functional capacity and cultural orientation

Mental health nurses

■ Trigger points for a general practitioner referral to a mental health nurse

- New or recent diagnosis of patient undergoing stroke recovery
- Patient has difficulty adjusting to the diagnosis
- Patient develops risk factors for the development of a mental disorder
- Patient has a pre-existing mental disorder
- Mental state is such that ongoing monitoring of mental state is required

■ Trigger points for a mental health nurse referral to a general practitioner

- Deterioration in physical health
- Significant deterioration in mental health requiring referral to a psychiatrist
- Regular medical review

Potential treatment by a mental health nurse

- A holistic assessment identifying all factors impacting on the person's physical and mental health
- Provision of counselling and support to assist patient to adjust to lifestyle changes
- Assist the family to accept and understand the diagnosis by providing support, education and information where necessary
- Monitoring mental state as it relates to treatment acceptance/adherence, with a background foundational knowledge of the biological sciences
- Evidence-based psychological strategies

Mental health social workers

■ Trigger points for a general practitioner referral to a mental health social worker

- New or recent diagnosis of patient
- Difficulty in adjusting to diagnosis, particularly with regard to changes in physical condition
- Low mood, elevated levels of anxiety, stress and/or previous history of mental health condition
- Changes in social and occupational functioning
- Poor adherence to self-management strategies

■ Trigger points for a mental health social worker referral to a general practitioner

- Worsening of physical health and functioning
- Increasing symptom severity including co-morbid conditions
- Ongoing poor chronic self-management which would likely have adverse consequences for health
- Regular medical review

Potential treatment by a mental health social worker

- Provide a biopsychosocial assessment that would assist the referring general practitioner to identify all the factors affecting the patient
- Provide education to ensure understanding of short/long term consequences of a stroke
- Support individuals and their families to establish and maintain goals to improve functioning and to be realistic in their goals for recovery
- Evidence based treatment for psychological disorders including motivational interviewing, cognitive behaviour therapy, interpersonal therapy and relaxation strategies
- Provide support, education and/or identification of other appropriate resources to assist the patient and their families

Occupational therapists

■ Trigger points for a general practitioner referral to an occupational therapist

- Patient not coping with everyday activities of daily living including self-care, toileting, bathing, feeding, shopping, socialising
- Difficulty with transfers such as patient struggling to get out of chair
- Difficulty in reaching perineum e.g. patient presents with frequent urinary infections
- Difficulty in reaching extremities such as patient has difficulty in tying shoe laces
- Difficulty with mobility

■ Trigger points for an occupational therapist referral to a general practitioner

- Comorbidity (depression, other acute conditions)
- Failure to progress
- Wounds that do not heal
- Poor compliance to medication regime
- Life crises (sudden change in life circumstances – such as death of partner, family member or pet)

Potential treatment by an occupational therapist

- Splinting to rest joints in an appropriate position
- Joint protection
- Utensil modification (e.g. built up handles on cutlery, tap turners and levers, door handles)
- Independence in activities of daily living including dressing, toileting, bathing
- Environmental modification such as correcting the height of chairs, tables, beds, toilets, kitchen benches, trolleys
- Adaptive equipment prescription e.g. chairs, wheelchairs, reaching aids
- Work simplification and energy conservation such as structuring tasks and jobs and routines to make them easier
- Graded activity
- Education in compensatory techniques for residual cognitive or physical deficits

Osteopaths

■ Trigger points for a general practitioner referral to an osteopath

- When a patient needs advice and/or treatment for assistance with mobility, balance, pain management
- When immobility are leading to back or joint pain

■ Trigger points for an osteopath referral to a general practitioner

- Patient presents with neurological signs and symptoms that may indicate TIA, evolving stroke syndrome, stroke, e.g. blurred vision, slurred speech, thunderclap headache
- Identify poor compliance and poor adherence to self-management

Potential treatment by an osteopath

- Assist patients with general health and well being education, particularly exercise prescription, techniques and treatment to alleviate pain and increase joint ROM and mobility
- Role in management through monitoring vitals e.g. blood pressure etc
- Provide exercise rehabilitation programs and assist in maintaining movement to increase the patient's quality of life
- Examine for and monitor neurological involvement and progression through examination of cranial and peripheral nerves assessing myotomes, dermatomes, reflexes
- Mobilisation, articulation and manipulation of joints to assist in ensuring mobility, function, ambulation, joint ROM are working
- Treatment of muscle spasticity, hypertonicity, pain, altered muscle length

Physiotherapists

■ Trigger points for a general practitioner referral to a physiotherapist

- When the patient is medically stable: where problems with movement, balance or coordination are detected
- Approximately six months after the original stroke: for assessment of the need for further treatment and/or a change to the current treatment plan
- Where a patient complains of new movement, balance or coordination problems
- Where a patient complains of a recurrence of old movement, balance or coordination problems

■ Trigger points for a physiotherapist referral to a general practitioner

- Significant deterioration in function

Potential treatment by a physiotherapist

Physiotherapy interventions may include:

- An intensive hands-on rehabilitation program, a regime of home exercises, and education and support of the client, family and carers
- Liaison with other members of the primary care team

Physiotherapy interventions are designed to assist patients to gain as much independence as possible. They may be designed to assist a patient to:

- Walk
- Move an affected limb
- Learn to use both sides of the body again
- Manage pain and joint stiffness

Podiatrists

■ Trigger points for a general practitioner referral to a podiatrist

- Clinical diagnosis or history of falls
- Peripheral neuropathy(PN), peripheral vascular disease (PVD), pressure sores/ foot ulcer
 - Biomechanical and gait analysis
 - Footwear and off-loading
 - Exercises for strengthening and balance

■ Trigger points for a podiatrist referral to a general practitioner

- Other falls risks management such as medication management, nutrition and visual disturbances
- Referral to medical specialist

Potential treatment by a podiatrist

- Assessment, diagnosis and management of foot ulcers, Charcot joints, with an emphasis on peripheral neuropathy (especially motor neuropathy) diagnosis and management and falls risk
- Wound dressing
- Debridement of wounds and calluses
- Off-loading wounds and/or high plantar pressure areas with orthotics, casting and wound boots
- Biomechanical and gait analysis
- Footwear advice and prescription
- Podiatric foot care and diabetes education
- Monitoring for conditions, including infection and PVD
- Coordination and/or correspondence with the multidisciplinary stroke recovery healthcare team

Psychologists

■ Trigger points for a general practitioner referral to a psychologist

Stroke is a significant risk factor for experiencing depression. Trigger points for referral may include:

- New or recent diagnosis and indications of difficulty in adjusting to the diagnosis such as mood changes
- No change in behaviour
- Poor adherence to self-management strategies
- Low mood, elevated levels of anxiety and/or previous history of mental health condition
- Poor stress management
- Difficulty accepting and integrating changes in self-concept or body image

■ Trigger points for a psychologist referral to a general practitioner

- Deteriorations in physical health and functioning, especially cognitive function
- Extended time between medical reviews
- Increasing symptom severity such as transient ischaemic attacks
- Comorbid conditions such as diabetes, high blood pressure
- Failure to respond to psychological therapy for mood disorder

Potential treatment by a psychologist

- Biophysical and /or neurophysical assessment to precede intervention
- Ensure accurate knowledge and understanding of stroke symptoms and short/long term consequences
- Help ensure expectations of treatment(s) and recovery prospects are realistic
- Assist with goal setting that focuses on the factors that influence functioning
- Provide strategies to address changes in cognitive and behavioural stress management
- Provide evidence-based treatment for psychological disorders (e.g. mood, anxiety and eating disorders)
- Assertiveness and problem solving training
- Psychosocial support for partners and carers
- Assist patient to adapt to changes in functioning (such as mobility, speech, cognitive) affecting social, work, sexual and family relationships to minimise loss of self-esteem and confidence

Speech pathologist

■ Trigger points for a general practitioner referral to a speech pathologist

- Difficulties with speaking
- Difficulties understanding what is being said
- Slurred speech
- Problems naming objects
- Difficulty eating, drinking and swallowing; episodes of choking when eating
- Reading and writing difficulties
- Difficulties planning or solving problems
- Impaired memory
- Poor concentration
- Difficulty understanding and/or using body language and gesture

■ Trigger points for a speech pathologist referral to a general practitioner

- New symptoms
- Worsening of symptoms

Potential treatment by a speech pathologist

- Specialised therapy and advice to improve:
 - Eating, drinking and swallowing
 - Communication skills, including speech and understanding
 - Reading and writing skills
 - Cognitive skills, including memory and problem solving ability
- Assessing an individual's need and suitability for an alternative form of communication, such as an electronic device
- Support and education of families and carers

