Integrating Physiotherapy into Nursing Care Plans for Surgical Patients

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Abstract:

Integrating physiotherapy into nursing care plans for surgical patients is crucial for promoting optimal recovery and enhancing overall patient outcomes. Collaboration between nurses and physiotherapists ensures that patients receive comprehensive care that addresses both their surgical needs and mobility goals. Physiotherapists can contribute valuable insights into pain management, mobility assessment, and exercises tailored to each patient's surgical procedure and individual capabilities. By including physiotherapy in nursing care plans, nurses can promote early mobilization, reduce complications like deep vein thrombosis (DVT), and support rehabilitation efforts, ultimately accelerating the healing process and improving patient satisfaction. Incorporating physiotherapy requires effective communication and a multidisciplinary approach, with regular updates to care plans based on patients' progress and responses to treatment. Nurses play a vital role in identifying patients who

may benefit from physiotherapy early in their surgical journey, assessing their mobility status, and facilitating referrals to physiotherapists. Additionally, education is key; nurses can instruct patients on the importance of physiotherapy exercises and proper techniques to encourage adherence to their rehabilitation programs. By integrating physiotherapy into nursing care, healthcare teams can enhance recovery trajectories, making a significant difference in patients' post-surgical experiences and long-term outcomes.

Keywords: physiotherapy, nursing care plans, surgical patients, rehabilitation, early mobilization, multidisciplinary approach, pain management, deep vein thrombosis, patient outcomes, collaboration.

Introduction:

The perioperative period is critical to patient recovery, particularly for surgical patients who undergo various invasive procedures. While surgical techniques and technologies continue to advance, the importance of comprehensive post-operative care has become increasingly recognized as a determinant of successful surgical outcomes. Among these post-operative care strategies is the integration of physiotherapy into nursing care plans [1].

Surgical interventions often result in a range of physical challenges, including pain, decreased mobility, and muscle weakness. These issues can impede recovery, prolong hospitalization, and increase the risk of post-operative complications such as deep vein thrombosis, pulmonary complications, and functional decline. Traditional nursing care often emphasizes wound management, pain control, and basic mobility training; however, this limited scope leaves significant gaps in addressing the comprehensive rehabilitation needs of surgical patients. Therefore, integrating physiotherapy into nursing care plans serves to close these gaps, promoting more holistic care, and ultimately leading to improved patient outcomes [2].

The foundation of integrating physiotherapy into nursing care stems from growing evidence that suggests effective rehabilitation can significantly enhance recovery processes. Physiotherapists are trained to evaluate and implement strategies that address pulmonary function, strength, and mobility specifically tailored to individual patient needs. By collaborating with physiotherapists, nurses can ensure that patients receive an individualized and dynamic approach to their recovery. Research indicates that early mobilization, guided by physiotherapeutic principles, results in reduced hospital stays, fewer complications, and higher patient satisfaction scores [3].

Collaboration between nursing and physiotherapy professions is not only beneficial for patient care but also strengthens the nursing role in patient rehabilitation. Nursing professionals are often the first to observe changes in a patient's condition, enabling them to play a pivotal role in decisionmaking processes related to physiotherapy interventions. By recognizing early signs of complications or changes in a patient's ability to mobilize, nurses can collaborate physiotherapists to adapt care plans in real-time, ensuring that interventions are timely and effective. This collaborative model enhances the continuum of care and solidifies a team approach rooted in the shared goal of facilitating optimal patient recovery [4].

Implementing a multidisciplinary approach requires the development of standardized guidelines and protocols that outline the roles of both nurses and physiotherapists in the care of surgical patients. This framework should promote clear communication and coordination of care activities, which is essential for mitigating the risk of fragmented care. Training and education programs that emphasize the importance of physiotherapy in surgical recovery can also empower nurses, equipping them with the knowledge and skills required to advocate for and implement such integrative practices. By embedding these protocols into nursing care plans, healthcare organizations can foster an environment of problem-solving collaborative and proactive intervention strategies [5].

In addition to enhancing patient outcomes, the integration of physiotherapy into nursing care plans for surgical patients presents a cost-effective approach to healthcare delivery. Addressing potential complications early through coordinated physiotherapy and nursing interventions may reduce the need for more extensive and costly treatments later on. Early rehabilitation interventions can also minimize the length of hospital stays, translating

into lower healthcare costs overall. Such integration not only prioritizes patient-centered care but is also aligned with wider healthcare objectives aimed at maximizing value while optimizing resource allocation [6].

Despite the compelling case for integration, several challenges must be addressed to facilitate the successful adoption of this approach. These include potential barriers such as a lack of awareness regarding the scope of physiotherapy, differences in professional cultures, and varying levels of interdisciplinary collaboration. To overcome these obstacles, healthcare institutions must prioritize interdisciplinary education and foster collaborative team dynamics. It is crucial to advocate for institutional policies that promote interdisciplinary rounds, shared care planning, and regular communication among healthcare professionals [7].

The Importance of Multidisciplinary Collaboration in Patient Care:

In the evolving landscape of healthcare, the complexity of patient needs has prompted a paradigm shift toward more collaborative and integrated approaches to care. Multidisciplinary collaboration—defined as the cooperative engagement of professionals from diverse medical and allied health fields—has become increasingly recognized as an indispensable component of effective patient care. This approach not only enhances the quality of care delivered but also promotes holistic patient outcomes that go beyond mere symptom management [8].

At its core, multidisciplinary collaboration aims to address the multifaceted nature of health and illness. Patients often present with a range of interrelated physical, psychological, and socio-economic challenges. Effective management of these challenges requires more than the expertise of a single healthcare professional; it demands the convergence of diverse perspectives and skill sets. Research has consistently shown that collaborative care models lead to improved health outcomes. For instance. studies have indicated multidisciplinary teams are associated with reduced hospital readmission rates, shorter lengths of stay, and greater patient satisfaction. This is particularly evident in chronic disease management, where coordinated efforts by physicians, nurses, pharmacists, social workers, and dietitians lead to

enhanced adherence to treatment plans and better health management [9].

Moreover, multidisciplinary collaboration allows for comprehensive assessments that consider not only the medical conditions but also the lifestyle, emotional well-being, and support systems of patients. This holistic approach is essential for the development of individualized care plans that resonate with each patient's unique circumstances and preferences [9].

In a multidisciplinary setting, the roles of healthcare professionals are not merely additive; they are synergistic. Each team member brings specialized knowledge and skills that contribute to a comprehensive care strategy. For example, physicians and nurse practitioners focus on diagnosing and treating medical conditions, while nurses manage daily patient care, monitor vital signs, and provide education. Pharmacists contribute by ensuring safe and effective medication management, assessing potential drug interactions, and optimizing pharmacotherapy, thus preventing adverse drug events [10].

Furthermore, psychologists or mental health professionals may address the emotional or behavioral aspects of patient care, providing necessary interventions for conditions like depression or anxiety that often accompany chronic illnesses. Social workers play a pivotal role in navigating the socio-economic barriers patients face, facilitating access to resources such as financial aid, housing, and transportation, which are essential for comprehensive care [10].

This division of labor ensures that all aspects of a patient's health are considered. When these professionals collaborate effectively, the quality of information shared enhances decision-making, reduces the likelihood of errors, and fosters a more supportive environment for the patient [11].

Despite its numerous benefits, multidisciplinary collaboration in patient care is not without challenges. One significant barrier is the traditional structure of healthcare organizations, which often operates in silos. Professional hierarchies and disciplinary boundaries can impede communication and collaboration. Each discipline may have its own language, norms, and priorities, leading to

misunderstandings or resistance to shared decisionmaking [11].

Further complicating matters is the increasing specialization within healthcare. While specialized knowledge is invaluable, it can pose challenges when the goal is to integrate diverse perspectives. Often, specialists may focus narrowly on their areas of expertise, leading to fragmented care if they do not actively engage with other disciplines.

Additionally, logistical issues such as scheduling conflicts, varying work hours, and differences in training and experience levels among team members can complicate collaboration. There may also be discrepancies in attitudes toward teamwork, with some professionals indicating a preference for solitary work or inflexible care approaches [11].

To maximize the benefits of multidisciplinary collaboration, healthcare organizations must adopt intentional strategies that facilitate teamwork and foster a culture of collaboration. Training programs that promote effective communication, conflict resolution, and team-building skills should be incorporated into healthcare education and ongoing professional development. Simulation training—in which teams practice collaborative scenarios—can help improve teamwork and develop mutual respect among various professionals [12].

Establishing clear protocols for collaboration, including shared goals and responsibilities, can further streamline efforts and enhance accountability. Regular interdisciplinary meetings, case conferences, and joint patient rounds can foster communication and facilitate the exchange of ideas among team members, enabling them to devise cohesive treatment plans [12].

Leveraging technology, such as electronic health records (EHRs) that allow for real-time data sharing, can also mitigate barriers to collaboration. These tools can provide a comprehensive view of a patient's history, enabling all team members to stay informed about treatment progress and make coordinated decisions about care [12].

Lastly, leadership within healthcare organizations must support collaborative practices by recognizing the contributions of all professionals involved in patient care. This acknowledgment not only boosts team morale but also encourages a commitment to collaborative, patient-centered care practices [12].

Assessment of Physiotherapy Needs in Surgical Patients:

The field of physiotherapy is fundamental to the rehabilitation and recovery of surgical patients, playing a critical role in restoring function, enhancing mobility, alleviating pain, and improving overall quality of life. While surgical interventions can be life-saving and may address acute health issues, they often impose physical limitations and functional impairments on patients. Consequently, a comprehensive assessment of physiotherapy needs is essential to tailor rehabilitation strategies that are effective and responsive to the individual characteristics and circumstances of each patient [13].

Physiotherapy in the context of surgical care encompasses practices that aim to optimize a patient's postoperative recovery, prevent potential complications, and enhance the functional outcomes after surgery. This may involve techniques such as manual therapy, therapeutic exercises, electrotherapy, education on pain management, and guidance on activity resumption. Each of these interventions requires careful planning based on an assessment that considers various factors, including the type of surgery, overall health status, comorbidities, and individual goals [13].

A thorough preoperative assessment is crucial for anticipating the physiotherapy needs of surgical patients. This phase is often overlooked, yet it sets the stage for postoperative recovery. During the preoperative assessment, physiotherapists gather information regarding the patient's medical history, baseline functional capacity, existing disabilities, pain levels, and psychological aspects. Understanding a patient's pre-surgery mobility and functional limitations allows healthcare providers to establish a baseline against which progress can be measured post surgery [14].

Additionally, preoperative education is integral to patient preparedness. Providing patients with information about what to expect during recovery, including the importance of adhering to physiotherapy regimens, can significantly influence postoperative outcomes. Patients who are informed and actively engaged tend to experience better pain

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management, lower anxiety levels, and improved adherence to rehabilitation protocols [14].

Postoperative Assessment Techniques

The postoperative assessment of physiotherapy needs generally occurs within a short period following surgery, often within the first 24 to 48 hours. It seeks to evaluate a patient's recovery progress, identify potential complications, and adjust rehabilitation plans accordingly. Key components of this assessment can include:

- 1. **Functional Mobility Evaluation**: This involves assessing a patient's ability to move in bed, sit up, stand, and walk. Specific assessments such as the Timed Up and Go (TUG) test can be utilized to quantify mobility and balance [15].
- 2. Pain Assessment: Effective pain management is critical following surgery. Physiotherapists assess pain levels using scales, understanding its impact on mobility and participation in rehabilitation. Working with the medical team to manage pain can help facilitate more effective physiotherapy sessions [15].
- 3. Strength and Range of Motion (ROM)
 Testing: Evaluating strength and joint motion is essential, especially after orthopedic surgeries. Range of motion tests and manual muscle testing can pinpoint areas needing focused rehabilitation.
- 4. Awareness of Surgical Precautions:
 Different surgeries have varying precautions, which must be considered in the rehabilitation plan. For instance, post-hip replacement patients may need to avoid certain movements to prevent dislocation.
- 5. **Assessment of Respiratory Function**: Especially for thoracic and abdominal surgeries, evaluating respiratory function is crucial. Techniques to reduce atelectasis and improve lung expansion may be necessary.
- Psychosocial Assessment: Understanding the psychological impact of surgery is important. Anxiety, depression, or fear of movement can hinder rehabilitation efforts.

Incorporating a psychosocial component can promote more effective recovery [15].

Tailoring Physiotherapy Interventions

Following the assessment, physiotherapy interventions should be individualized based on the patient's specific needs and surgical context. A multifaceted approach may be required, encompassing a combination of therapeutic exercises, manual therapy, education, and functional training [16].

1. Early Mobilization

One of the most effective physiotherapy strategies post-surgery is early mobilization. Research has shown that initiating movement within hours after surgery can significantly reduce the risk of postoperative complications, such as deep vein thrombosis (DVT) and pulmonary embolism. Early mobilization also enhances circulation, promotes healing, and aids in pain management [16].

2. Strengthening and Conditioning

For many surgical patients, especially those undergoing orthopedic procedures, a targeted strengthening program is essential. This can involve resistance training that focuses on the affected limb, gradually increasing the intensity as the patient's condition improves [16].

3. Functional Training

Functional training involves activities that replicate the patient's daily life tasks. This could include training for walking, stair climbing, or other functional movements, which can enhance the patient's confidence and ability to reintegrate into their lifestyle [16].

4. Education and Self-Management Strategies

Empowering patients with knowledge about their recovery process is vital. Education can cover topics such as pain management techniques, activity modifications, and the importance of adherence to prescribed exercise regimens [17].

Monitoring Progress and Readjustment

Assessment of physiotherapy needs is not a one-time activity but an ongoing process. Regular follow-up assessments help physiotherapists monitor progress, determine the effectiveness of interventions, and

make necessary adjustments to treatment plans. Tools such as patient-reported outcome measures (PROMs) can augment clinical assessments by capturing the patient's perspective on their recovery and satisfaction with care [18].

Developing Comprehensive Nursing Care Plans Incorporating Physiotherapy:

The modern healthcare environment emphasizes the importance of interdisciplinary collaboration in delivering comprehensive care to patients. Among the various healthcare professions, nursing and physiotherapy play critical roles in the holistic treatment of patients, particularly in the management of chronic illnesses, recovery from surgery, and rehabilitation following injuries. Developing a comprehensive nursing care plan that incorporates physiotherapy not only enhances patient outcomes but also ensures a seamless continuum of care [18].

The rationale for developing comprehensive nursing care plans that include physiotherapy revolves primarily around the improved quality of patient care and outcomes. Nurses are often the first point of contact in healthcare settings, responsible for assessing patients' overall conditions and identifying their needs. Physiotherapists, on the other hand, specialize in movement and functional rehabilitation, focusing on restoring patients' physical abilities and promoting independence. By collaborating, nurses and physiotherapists can create care plans that address both medical management and rehabilitation, ensuring that physical limitations do not impede the patient's recovery or quality of life [18].

Research has consistently demonstrated that patients who receive integrated care—which combines nursing and physiotherapy—experience reduced hospital stays, fewer complications, and improved satisfaction levels. Furthermore, the incorporation of physiotherapy can expedite recovery processes, particularly for patients undergoing orthopedic surgeries or those suffering from respiratory conditions. The overall goal is a patient-centered approach that optimizes functional recovery and promotes well-being [19].

Components of Comprehensive Care Plans

Developing a comprehensive nursing care plan that incorporates physiotherapy involves several key components:

- thorough assessment of the patient. This includes a comprehensive health history, current medical status, and specific physical limitations. Nurses should gather information on the patient's mobility, pain levels, and functional capabilities—essential data that physiotherapists will utilize to inform their interventions. Additionally, standardized assessment tools can be employed to measure functionality, such as the Berg Balance Scale or the Timed Up and Go Test [20].
- 2. Collaboration: Effective communication and collaboration among healthcare providers are crucial. Nurses and physiotherapists should convene to discuss assessment findings, treatment goals, and individual patient needs. Collaborative discussions can foster mutual respect and understanding of each profession's expertise, leading to more cohesive care plans.
- 3. Goal **Setting:** Establishing clear. measurable, and achievable goals is imperative in a multidisciplinary approach. Both nurses and physiotherapists should work with the patient to set realistic rehabilitation goals—these may involve improving mobility, enhancing strength, promoting independence in daily activities, or managing pain. Goals should adhere to the SMART criteria (Specific, Measurable, Achievable, Relevant, Time-bound), ensuring clarity and focus in the recovery process [20].
- 4. Intervention **Planning**: Interventions must be specified in detail, outlining the nursing actions and physiotherapy techniques that will be employed. This may include nursing interventions such as patient education, pain management, and monitoring vital signs, alongside physiotherapy interventions such

prescribed exercises, gait training, and assistive device management. The care plan should harmonize these interventions to guarantee that nurses and physiotherapists work in concert rather than in silos [20].

5. **Evaluation**: Continuous assessment and evaluation of progress are critical to success. Regularly scheduled follow-ups should examine patient outcomes against the established goals. Both nursing and physiotherapy interventions should be modified based on the patient's progress, and feedback should be gathered to adjust the care plan accordingly [20].

Implementation Strategies

Creating an effective care plan requires proper implementation strategies, which should include:

- Training and Education: Providing training for nursing staff on physiotherapy techniques and understanding the role of physiotherapy in patient care can enhance the effectiveness of implementation. Similarly, physiotherapists should receive education on nursing processes and patient management strategies [21].
- Interprofessional Rounds: Establishing regular interdisciplinary rounds can promote collaboration. These rounds facilitate case discussions where nurses and physiotherapists can review patient progress, share insights, and make realtime adjustments to care plans.
- Use of Technology: Employing electronic health records (EHRs) can streamline communication between nurses and physiotherapists. Documentation of assessments, interventions, and patient responses in a shared platform fosters accountability and ensures everyone is informed about the patient's status.
- Patient Involvement: Engaging patients in their own care plan can further enhance the implementation of comprehensive care. Educating patients about their conditions, rehabilitation goals, and the importance of

physiotherapy can boost compliance and motivation [22].

Benefits of Integrated Care

The integration of physiotherapy into nursing care plans delivers numerous benefits to patients. These include:

- 1. **Enhanced Recovery**: Patients exposed to integrated care exhibit better recovery trajectories, particularly in terms of physical rehabilitation. Coordinated efforts ensure that physical mobility is prioritized alongside medical treatment [23].
- 2. **Reduced Complications**: Integration helps to minimize complications arising from immobility, heart and lung issues, and other postoperative challenges. Physiotherapy techniques aimed at promoting movement can help prevent pressure sores and improve respiratory function.
- Improved Patient Education: With both nurses and physiotherapists contributing to patient education, patients receive comprehensive information about managing their conditions, medication adherence, and the significance of mobility.
- 4. **Cost-Effectiveness**: Streamlined care plans can reduce healthcare costs by minimizing hospital readmissions and extended stays associated with avoidable complications [23].

Implementation Strategies for Integrating Physiotherapy into Nursing Practices:

The integration of physiotherapy into nursing practices represents a significant evolution in the provision of holistic patient care. Physiotherapy, traditionally viewed as a distinct discipline, encompasses a range of methods aimed at restoring movement and function in individuals affected by injury, illness, or disability. By merging physiotherapeutic techniques with nursing care, healthcare professionals can provide comprehensive treatment that addresses both physical and emotional aspects of recovery [24].

Incorporating physiotherapy into nursing practices presents multiple advantages for patient outcomes. First, this integration facilitates holistic care, promoting not just the physical rehabilitation of patients, but also their emotional and psychological well-being. For instance, nurses trained in basic physiotherapeutic techniques can evaluate patients' mobility and pain levels, allowing for timely interventions that can enhance recovery and improve quality of life [25].

Second, collaborative care between physiotherapists and nurses can lead to improved efficiencies within healthcare settings. Nurses who understand physiotherapy principles can better coordinate care, manage patient expectations, and reduce the risk of complications that may arise from immobility, such as pressure sores or deep vein thrombosis. Additionally, this collaboration tends to enhance communication within the healthcare team, fostering mutual respect and shared understanding of each professional's competencies [26].

In terms of financial implications, integrating physiotherapy into nursing practices can positively influence healthcare economics. By preventing complications and readmissions through proactive rehabilitation, healthcare providers can reduce overall costs while also improving patient satisfaction and outcomes [27].

Despite the clear benefits, several challenges hinder the effective integration of physiotherapy into nursing practices. One notable barrier is the traditional perception of roles within healthcare. Nurses and physiotherapists often operate within strict disciplinary boundaries, which can lead to misunderstandings regarding the capabilities and scopes of practice of each profession. Additionally, ingrained practices and resistance to change within healthcare institutions can impede collaborative efforts, as staff members may be reluctant to adopt new responsibilities or to work outside their defined roles [28].

Another significant challenge is the lack of structured training programs that equip nurses with the physiotherapy skills required to effectively contribute to rehabilitation efforts. Many nursing curriculums do not cover physiotherapeutic principles in depth, leading to a disparity in knowledge. Furthermore, healthcare facilities may not prioritize interdisciplinary training, rendering

nurses ill-equipped to engage in integrative practices [29].

Lastly, logistical issues such as time constraints and staffing shortages can limit opportunities for collaboration between nurses and physiotherapists. In fast-paced clinical environments, nurses may struggle to find the time to consult with physiotherapists or to implement physiotherapeutic interventions in their patient care plans [30].

To foster effective integration, various collaborative models can be developed and implemented within healthcare settings. One approach is the establishment of multidisciplinary care teams that include both physiotherapists and nurses, working together to create patient-centered care plans. These teams can hold regular meetings to discuss cases and reassess treatment strategies, ensuring that both nursing and physiotherapy perspectives are woven into the patient care process [30].

Another model involves the incorporation of physiotherapy skill training into nursing education programs. By collaborating with physiotherapy educators, nursing schools can integrate a module on basic physiotherapeutic practices, enabling future nurses to gain confidence in implementing these skills upon graduation. This enhancement of nursing education would significantly contribute to the competency of nurses in taking on physiotherapeutic roles during patient care [31].

Additionally, mentorship programs within healthcare facilities could be established, where experienced physiotherapists guide and train nurses in effective rehabilitation techniques. Such mentorship would not only provide nurses with valuable hands-on knowledge but would also foster a culture of collaboration in which both disciplines learn from one another [32].

Educating nursing professionals in the principles of physiotherapy is essential for successful integration. Comprehensive training should encompass the basics of human anatomy, movement science, assessment techniques, and rehabilitation protocols. Training sessions could be conducted through workshops, e-learning modules, and practical demonstrations led by physiotherapists [33].

Furthermore, continuous professional development must be emphasized. Nursing professionals should be encouraged to pursue additional certifications in physiotherapy-related fields and participate in interdisciplinary workshops. Clinical simulations that mimic real-world scenarios can also serve to strengthen the synthesis of physiotherapy into nursing practice, ensuring that nurses are well-prepared to implement these strategies effectively [34].

Lastly, healthcare organizations should foster a culture that values interdisciplinary education and collaboration. Incentives for participation in joint training sessions, recognition of collaborative achievements, and institutional support for interdisciplinary teams can significantly enhance the integration of physiotherapy into nursing practices [35].

Outcomes of Integrating Physiotherapy in Postoperative Care:

In the realm of medical care, the importance of a comprehensive and multidisciplinary approach to patient recovery cannot be overstated. Among the various disciplines that play a crucial role in postoperative care, physiotherapy stands out as a key component in enhancing recovery, reducing complications, and improving overall patient outcomes. The integration of physiotherapy in postoperative care involves a structured program that not only addresses physical rehabilitation but also attends to the psychological and emotional dimensions of recovery. The outcomes of this integration are profound and multifaceted, touching on various aspects of patient health and the healthcare system as a whole [36].

One of the most immediate and observable outcomes of incorporating physiotherapy into postoperative care is improved physical recovery. After surgery, patients often experience pain, limited mobility, and muscle weakness, which can significantly hinder their ability to return to daily activities. Physiotherapists employ various techniques, including manual therapy, exercise prescription, and modalities such as electrical stimulation, to facilitate pain relief and enhance mobility [37].

Research has consistently shown that patients who engage in physiotherapy following surgery typically experience a faster return to functional mobility. For instance, a study published in the *Journal of*

Orthopaedic and Sports Physical Therapy highlighted that patients undergoing total knee replacement who participated in a structured physiotherapy program had significantly better outcomes in terms of range of motion and strength compared to those who received standard care. This improvement not only helps to restore physical function but also significantly reduces the duration of hospital stays, thereby alleviating the burden on healthcare facilities [38].

Postoperative complications, such as deep vein thrombosis (DVT), pulmonary embolism, and postoperative pneumonia, are significant concerns that can arise following surgery. Physiotherapy plays a critical role in mitigating these risks. Through early mobilization and specialized exercises, physiotherapists help increase blood circulation, which is essential in preventing DVT. Guidelines from institutions like the American College of Chest Physicians emphasize that early mobilization is a key strategy in reducing the risk of thrombosis post-surgery [39].

Moreover, specific breathing exercises strategies taught by physiotherapists are instrumental in preventing respiratory complications. Patients with limited movement post-surgery are at a higher risk of developing pneumonia due to shallow breathing and the accumulation of secretions in the lungs. Physiotherapists often introduce techniques such as incentive spirometry and chest physiotherapy, which are designed to improve lung function and promote effective cough reflexes. Studies have demonstrated that incorporating these practices substantially reduces the incidence of pneumonia in postoperative patients [40].

Effective pain management is another critical outcome of integrating physiotherapy in postoperative care. Despite advances in pain control protocols, many patients still experience significant pain following surgical procedures, which can impede their rehabilitation efforts. Physiotherapists are trained to utilize various modalities and techniques to assist in pain management, including therapeutic ultrasound, TENS (transcutaneous electrical nerve stimulation), and guided exercises that promote circulation and reduce muscle tension [41].

Moreover, physiotherapists can educate patients on pain management strategies, empowering them to take an active role in their recovery. Understanding how to engage in pain-relieving exercises or positioning can dramatically enhance a patient's quality of life and reduce their reliance on pharmacological pain relief, which can have side effects and potential complications.

The psychological implications of undergoing surgery are often underestimated. The fear of pain, complications, or a delayed return to normalcy can lead to anxiety and depression, which further complicate recovery. The physical activity facilitated through physiotherapy not only strengthens the body but also enhances the psychological state of patients. Regular movement releases endorphins, which are natural mood elevators, thereby improving overall mental health and emotional well-being [42].

Additionally, the supportive relationship between physiotherapist and patient provides a sense of reassurance and confidence, crucial factors for postoperative recovery. Physiotherapists often serve as educators and advocates for their patients, helping to set realistic goals and expectations throughout the healing journey. These therapeutic interactions can significantly reduce feelings of isolation and promote a positive outlook on recovery [43].

Another essential outcome of integrating physiotherapy in postoperative care is the emphasis on patient education and empowerment. Physiotherapists take the time to explain the recovery process, the importance of rehabilitation exercises, and strategies for self-management post-discharge. This education fosters a sense of responsibility in patients, equipping them with the tools they need to optimize their recovery at home [44].

Empowered patients are more likely to adhere to rehabilitation protocols, recognize signs of potential complications, and engage in healthy lifestyle choices post-surgery. This proactive approach not only enhances individual health outcomes but also contributes to the greater public health goal of improving overall surgical recovery processes [45].

From a healthcare system perspective, the integration of physiotherapy into postoperative care can lead to substantial economic benefits. By

reducing the length of hospital stays, decreasing the incidence of complications, and minimizing the need for additional interventions, physiotherapy can significantly lower healthcare costs. A report from the World Health Organization suggests that investing in rehabilitation services can yield high returns not just for the individual but also for health systems by enhancing service efficiency and effectiveness [46].

Barriers and Facilitators to Effective Integration of Physiotherapy:

Physiotherapy, the science of movement that aims to enhance physical function and quality of life through physical interventions, is an essential component of contemporary health care. However, despite its proven efficacy in managing a myriad of musculoskeletal, neurologic, and respiratory conditions, there are persistent barriers and facilitators influencing its integration into healthcare systems. Understanding these factors is crucial for improving patient outcomes, optimizing resource allocation, and enhancing the overall efficiency of health systems [47].

Barriers to Effective Integration of Physiotherapy

- 1. Lack of Awareness and Understanding One of the primary barriers to the integration of physiotherapy is a general lack of awareness among both healthcare professionals and the public regarding the scope and benefits of physiotherapy. Many practitioners may hold misconceptions about the role physiotherapists play, often undervaluing their expertise in patient management. This ignorance can lead to under-referral to physiotherapy services, resulting in unmet patient needs and suboptimal recovery outcomes. Educational initiatives that highlight the value of physiotherapy in comprehensive treatment plans are essential overcoming this hurdle [48].
- 2. Limited Access to Services
 Geographic and socioeconomic factors
 significantly impact patients' access to
 physiotherapy. In rural and underserved
 areas, the availability of qualified
 physiotherapists can be limited, creating

barriers for individuals needing care. Additionally, patients may face financial constraints that hinder their ability to seek treatment, particularly if insurance does not adequately cover physiotherapy services. Access can further be compromised by rigid referral pathways within healthcare systems that require patients to follow cumbersome processes to receive physiotherapy [49].

Funding constraints within healthcare systems often limit the resources available for physiotherapy services. Many hospitals and clinics operate under tight budgets, which can result in a lack of manpower, insufficient training opportunities, and inadequate facilities for physiotherapy practice. Limited resources may also lead to a high caseload for physiotherapists, which can compromise the quality of care provided and reduce the opportunities for personalized treatment approaches [50].

4. Interdisciplinary Communication Challenges

Effective integration of physiotherapy relies heavily on collaborative practice multidisciplinary within teams. Communication barriers arise when there is of understanding physiotherapists and other healthcare providers. These challenges can lead to fragmented care, with physiotherapists not receiving necessary clinical information or updates about patient progress from other professionals. Fostering open lines of communication collaborative environments is essential to addressing these issues and enhancing patient care [51].

5. Resistance to Change

Cultural and institutional resistance can impede the integration of physiotherapy into established healthcare practices. Physicians, particularly in traditional medical settings, may resist incorporating physiotherapy into their treatment paradigms due to entrenched beliefs about the efficacy of their own interventions or

skepticism towards evidence-based physiotherapy practices. This resistance to change can delay the incorporation of physiotherapists in patient management teams, hindering the delivery of holistic care to patients [52].

Facilitators to Effective Integration of Physiotherapy

Enhancing education and training for both physiotherapists and other healthcare professionals serves as a significant facilitator for effective integration. Interprofessional education programs that promote collaborative practice emphasize the benefits of physiotherapy enhance mutual respect understanding. This education can be crucial in shaping healthcare professionals' perceptions, leading to more referrals and integration into care pathways [53].

Strong policy frameworks and advocacy efforts can dramatically enhance the integration of physiotherapy services. Governments and health organizations that prioritize physiotherapy in health budgets and public health strategies create an environment conducive to practice. Supporting legislation that defines and recognizes the role of physiotherapists in patient care can facilitate service access and ensure that necessary funding is allocated to maintain and expand services [54].

The rise of telehealth and digital tools has opened new avenues for the integration of physiotherapy, particularly in overcoming geographic barriers. Remote consultations and virtual rehabilitation programs allow physiotherapists to reach patients who might otherwise face difficulties accessing services. Additionally, technologyenhanced treatment approaches improve patient engagement and adherence exercise regimens, making accessible physiotherapy more and effective [54].

Emphasizing patient-centered care enhances the integration of physiotherapy by considering patients' individual needs, preferences, and values. Collaborative goal setting between physiotherapists and patients fosters a sense of ownership in the treatment process. This approach not only improves adherence to treatment plans but also enhances patient satisfaction, making it more likely that patients will seek physiotherapy services when required [55].

Demonstrating the efficacy of physiotherapy through research and evidence-based practices can facilitate its integration into healthcare systems. Outcomes studies that highlight the benefits of physiotherapy in improving patient outcomes and reducing healthcare costs serve as persuasive tools for healthcare providers and policymakers alike. As physiotherapy continues to evolve based on clinical evidence, its integration into standard care pathways is reinforced [55].

Recommendations for Future Practice and Research in Nursing and Physiotherapy Integration:

The integration of nursing and physiotherapy represents a pivotal evolution in healthcare aimed at enhancing patient outcomes through collaborative practice. As healthcare systems worldwide face increasing pressures due to aging populations, chronic diseases, and rising costs, the need for cohesive and coordinated care has never been more critical [56].

Nursing and physiotherapy are two vital components of healthcare that traditionally operate in parallel. Nurses are known for their roles in patient assessment, education, and care coordination, while physiotherapists focus on improving physical function, mobility, and quality of life through targeted interventions. The integration of these disciplines can lead to more holistic patient care, addressing not only the physical aspects of rehabilitation but also the emotional and educational needs of patients [56].

Integrating nursing and physiotherapy practices can mitigate fragmentation in care delivery, reduce hospital readmissions, and enhance patient satisfaction. A collaborative approach allows healthcare professionals to share insights, combine expertise, and develop comprehensive care plans that focus on the patient's overall wellbeing. As healthcare continues to evolve, it is imperative to adopt strategies that facilitate this integration effectively [57].

Recommendations for Future Practice

1. Interprofessional Education and Training:

Future healthcare professionals need to be educated in collaborative practice from the onset of their training. Nursing and physiotherapy programs should incorporate interprofessional education (IPE) modules that teach students the importance of teamwork, communication skills, and the roles of each profession within patient care. Simulation-based learning can provide practical experiences where students engage in role-playing scenarios that mimic interdisciplinary collaboration, fostering mutual respect and understanding of each other's expertise [58].

2. Shared Care Pathways:

Developing and implementing shared care pathways that explicitly outline the roles and contributions of both nursing and physiotherapy can improve clarity in patient care. These pathways should be based on evidence-based practices and tailored to specific patient populations, particularly those with complex, multifaceted needs. By creating standard protocols that delineate responsibilities and key intervention points, both disciplines can work harmoniously and seamlessly to enhance patient outcomes [59].

3. Innovative Communication Strategies:

Effective communication is fundamental to successful integration. Future practices should prioritize the use of innovative technologies such as electronic health records (EHRs) that facilitate real-time sharing of patient information between

nursing and physiotherapy teams. Regular interdisciplinary meetings should also be instituted to discuss patient progress, share challenges, and celebrate successes. Such forums create opportunities for continuous dialogue, reflect on practice experiences, and collectively address barriers to integration [60].

Patient-Centered Care Approaches: The integration of nursing physiotherapy should fundamentally revolve around patient-centered care. This involves recognizing the unique preferences, needs, and values of each patient and ensuring that their voices are heard in the care process. Implementing patient engagement strategies and actively involving patients in decision-making can cultivate a sense of ownership over their health journey and promote adherence to treatment plans, thus optimizing rehabilitation outcomes [61].

5. Cultivating Leadership Skills: To facilitate integration in practice, there is a need to cultivate leadership skills among nursing and physiotherapy professionals. Training programs that focus on conflict resolution, negotiation, and collaborative leadership can empower practitioners to take initiative in creating integrated care environments. Leaders in these fields should advocate for interprofessional collaboration within their institutions and serve as role models, encouraging their peers to foster integrated practices [62].

Recommendations for Future Research

1. Exploring Integrated Models of Care: There is a need for rigorous research to explore and evaluate various models of integrated care between nursing and physiotherapy. Longitudinal studies could assess the effectiveness of different integrated care approaches on outcomes such as quality of life, mobility, and overall patient satisfaction. Such research would help refine the best practices and guide policy decisions in healthcare settings [63].

2. Identifying Barriers and Facilitators of Integration:

Investigating the barriers that hinder the integration of nursing and physiotherapy is essential for developing strategies that foster collaboration. Qualitative research methods, such as interviews and focus groups, can help uncover the perspectives of healthcare professionals regarding current challenges. Understanding these barriers will aid in crafting targeted interventions to overcome them, leading to a more cohesive approach to patient care [64].

Patient 3. **Measuring Outcomes:** Research should concentrate on measuring the direct impact of integrated nursing and physiotherapy practices on patient outcomes. Standardized metrics and assessment tools can be developed to quantify improvements in functional mobility, pain management, and patient satisfaction. Gathering data from diverse healthcare settings would provide insights into the benefits of integrated practice on patient recovery trajectories, supporting the case for widespread adoption [65].

4. Cost-Effectiveness Analyses:

Future research should also focus on the cost-effectiveness of integrating nursing and physiotherapy services. Economic evaluations can provide evidence regarding potential savings related to reduced hospital admissions, shorter length of stay, and improved recovery rates when patients receive integrated care. Financial incentives for healthcare facilities to adopt integrated models can be explored through this research [65].

5. Policy Development and Advocacy:

As integration becomes increasingly important in healthcare reform, research aimed at shaping policies that support collaborative practice is critical. Investigating successful policy initiatives in different regions or countries can guide future policy development efforts. Advocacy for funding and resources to support interdisciplinary collaborations

should be informed by evidence that illustrates the improved health outcomes associated with integrated nursing and physiotherapy services [66].

Conclusion:

In conclusion, integrating physiotherapy into nursing care plans for surgical patients exemplifies a holistic approach to healthcare that significantly enhances patient recovery and overall outcomes. By fostering collaboration between nursing and physiotherapy disciplines, healthcare providers can ensure that surgical patients receive comprehensive, individualized care that addresses both surgical recovery and mobility. This integrated approach not only facilitates early mobilization and reduces the risk of postoperative complications, such as deep vein thrombosis and muscle atrophy but also promotes patient engagement and satisfaction throughout the recovery process.

Furthermore, this study highlights the critical need for ongoing education and training for nursing staff on the benefits and techniques of physiotherapy, as well as the importance of systematic assessment to who can identify patients benefit physiotherapy interventions. Addressing potential barriers to integration, such as communication gaps and resource availability, is essential for the successful implementation of these collaborative care plans. Ultimately, the findings underscore that a multidisciplinary approach in postoperative care can lead to more effective recovery trajectories, improved health outcomes, and enhanced quality of life for surgical patients. Future research should explore long-term effects and innovative strategies for further integrating these vital disciplines in various healthcare settings.

References:

- 1. Tighe C, Bachrach R, Perera S, Weiner D. Insomnia symptoms and postoperative healthcare utilization in veterans undergoing decompressive laminectomy lumbar spinal stenosis. Sleep Advances: J Sleep Res Soc. 2023;4:zpad005. doi: 10.1093/sleepadvances/zpad005.
- 2. Jensen RK, Jensen TS, Koes B, Hartvigsen J. Prevalence of lumbar spinal stenosis in

- general and clinical populations: a systematic review and meta-analysis. Eur Spine J. 2020;29:2143–63. doi: 10.1007/s00586-020-06339-1.
- Ruiz Hernández C, Gómez-Urquiza JL. Effectiveness of nursing interventions for preoperative anxiety in adults: a systematic review with meta-analysis. 2021; 77: 3274–85.
- 4. Angelini E, Baranto A. Healthcare practitioners' experiences of postoperative pain management in lumbar spine surgery care: A qualitative study. 2020; 29: 1662–72.
- Katz JN, Zimmerman ZE, Mass H, Makhni MC. Diagnosis and management of lumbar spinal stenosis: a review. JAMA. 2022;327:1688–99. doi: 10.1001/jama.2022.5921.
- Munkombwe WM, Petersson K, Elgán C. Nurses' experiences of providing nonpharmacological pain management in palliative care: A qualitative study. 2020; 29: 1643–52.
- 7. Sun L, Yan J, Wang L. Postoperative depression in female patients with breast cancer surgery: an analysis of risk factors and assessment of the efficacy of comprehensive nursing intervention. Int J Clin Exp Med. 2019;12:972–80.
- 8. Cook CJ, Cook CE, Reiman MP, Joshi AB, Richardson W et al. Systematic review of diagnostic accuracy of patient history, clinical findings, and physical tests in the diagnosis of lumbar spinal stenosis. 2020; 29: 93–112.
- Kuo CC, Hess RM, Khan A, Pollina J, Mullin JP. Factors affecting postoperative length of stay in patients undergoing anterior lumbar interbody fusion. World Neurosurg. 2021;155:e538–47. doi: 10.1016/j.wneu.2021.08.093.
- 10. Feng Y, Ma Y, Lai J, Wang C, Ma X, et al. Influence of rapid recovery nutritional support on functional recovery and hospitalization duration in patients

- undergoing minimally invasive lumbar surgery. Am J Translational Res. 2023;15:7023–34.
- 11. Gao Y, Huang J, Zheng Y, Han J. Effect of comfort nursing on postoperative quality of life, negative emotions, and nursing satisfaction in patients undergoing laparoscopic surgery. Am J Transl Res. 2021;13:13825–34.
- 12. Debono B, Wainwright TW, Wang MY, Sigmundsson FG, Yang MMH, et al. Consensus statement for perioperative care in lumbar spinal fusion: enhanced recovery after surgery (ERAS®) Society recommendations. Spine J. 2021;21:729–52. doi: 10.1016/j.spinee.2021.01.001.
- 13. Kang T, Park SY, Lee JH, Lee SH, Park JH, et al. Incidence & risk factors of postoperative delirium after spinal surgery in older patients. Sci Rep. 2020;10:9232. doi: 10.1038/s41598-020-66276-3.
- Larson JS. The MOS 36-item short form health survey: A conceptual analysis. Eval Health Prof. 1997;20:14–27. doi: 10.1177/016327879702000102.
- 15. Wu X, Huang J, Zhang Y, Chen L, Ji Y, et al. Perioperative transcutaneous electrical acupoint stimulation (pTEAS) in pain management in major spinal surgery patients. BMC Anesthesiol. 2022;22:342. doi: 10.1186/s12871-022-01875-3.
- Kitab S, Habboub G, Abdulkareem SB, Alimidhatti MB. Benzel E, redefining lumbar spinal stenosis as a developmental syndrome: does age matter? J Neurosurg Spine. 2019;31:357–65. doi: 10.3171/2019.2.SPINE181383.
- 17. Tesler MD, Savedra MC, Holzemer WL, Wilkie DJ, Ward JA, et al. The word-graphic rating scale as a measure of children's and adolescents' pain intensity. Res Nurs Health. 1991;14:361–71. doi: 10.1002/nur.4770140507.
- 18. Dunstan DA, Scott N. Norms for Zung's self-rating anxiety scale. BMC Psychiatry.

- 2020;20:90. doi: 10.1186/s12888-019-2427-6.
- 19. Fairbank JC, Couper J, Davies JB, O'Brien JP. The Oswestry low back pain disability questionnaire. Physiotherapy. 1980;66:271–3.
- Dunstan DA, Scott N. Clarification of the cut-off score for Zung's self-rating depression scale. BMC Psychiatry. 2019;19:177. doi: 10.1186/s12888-019-2161-0.
- 21. Huang J, Li P, Wang H, Lv C, Han J, et al. Exploring elderly patients' experiences and concerns about early mobilization implemented in postoperative care following lumbar spinal surgery: a qualitative study. BMC Nurs. 2023;22:355. doi: 10.1186/s12912-023-01510-7.
- 22. Seo E, Cho Y, Lee J, Seol G. Pelargonium graveolens inhalation of essential oil alleviates pain and related anxiety and stress in patients with lumbar spinal stenosis and moderate to severe pain. Pharmaceuticals (Basel, Switzerland). 2023; 17.
- Denehy L. Surgery for adults. In: Pryor JA, Prasad SA, editors. Physiotherapy for respiratory and cardiac problems: adults and paediatrics. 4th ed. Edinburgh: Churchill Livingstone; 2008. pp. 397–436.
- 24. Agostini P, Cieslik H, Rathinam S, et al. Postoperative pulmonary complications following thoracic surgery: are there any modifiable risk factors? Thorax. 2010;65:815–8. doi: 10.1136/thx.2009.123083.
- Novoa N, Ballesteros E, Jimenez MF, Aranda JL, Varela G. Chest physiotherapy revisited: evaluation of its influence on the pulmonary morbidity after pulmonary resection. Eur J Cardiothorac Surg. 2011;40:130–4. doi: 10.1016/j.ejcts.2010.11.028.
- 26. Freynet A, Falcoz PE. Is transcutaneous electrical nerve stimulation effective in

- relieving postoperative pain after thoracotomy? Interact Cardiovasc Thorac Surg. 2010;10:283–8. doi: 10.1510/icvts.2009.219576.
- Kerai S, Saxena KN, Taneja B, Sehrawat L. Role of transcutaneous electrical nerve stimulation in post-operative analgesia. Indian J Anaesth. 2014;58:388–93. doi: 10.4103/0019-5049.138966.
- 28. Agostini P, Lugg ST, Adams K, et al. Postoperative pulmonary complications and rehabilitation requirements following lobectomy: a propensity score matched study of patients undergoing video-assisted thoracoscopic surgery versus thoracotomy. Interact Cardiovasc Thorac Surg. 2017;24:931–7. doi: 10.1093/icvts/ivx002.
- 29. Dyson A, Youd KL. Physiotherapy in thoracic surgery. In: Porter SB, editor. Tidy's Physiotherapy. 15th ed. Edinburgh: Saunders Elsevier; 2013. pp. 169–80.
- Ridely SC, Heinl-Green A. Surgery for adults. In: Pryor JA, Prasad SA, editors. Physiotherapy for respiratory and cardiac problems: adults and paediatrics. 3rd ed. Edinburgh: Churchill Livingstone; 2002. pp. 377–420.
- Nielsen KG, Holte K, Kehlet H. Effects of posture on postoperative pulmonary function. Acta Anaesthesiol Scand. 2003;47:1270–5. doi: 10.1046/j.1399-6576.2003.00240.x.
- 32. Kendall F, Abreu P, Pinho P, Oliveira J, Bastos P. The role of physiotherapy in patients undergoing pulmonary surgery for lung cancer: a literature review. Rev Port Pneumol (2006) 2017;23:343–51. doi: 10.1016/j.rppnen.2017.05.003.
- 33. Bertani A, Ferrari P, Terzo D, et al. A comprehensive protocol for physiokinesis therapy and enhanced recovery after surgery in patients undergoing video-assisted thoracoscopic surgery lobectomy. J Thorac Dis. 2018;10(Suppl 4):S499—S511. doi: 10.21037/jtd.2018.02.55.

- 34. Chailler M, Ellis J, Stolarik A, Woodend K. Cold therapy for the management of pain associated with deep breathing and coughing post-cardiac surgery. Can J Cardiovasc Nurs. 2010;20:18–24.
- 35. Baddeley RA. Physiotherapy for enhanced recovery in thoracic surgery. J Thorac Dis. 2016;8(Suppl 1):S107–10. doi: 10.3978/j.issn.2072-1439.2015.12.02.
- 36. Gerner P. Postthoracotomy pain management problems. Anesthesiol Clin. 2008;26:355–67. doi: 10.1016/j.anclin.2008.01.007.
- 37. Priyor JA, Prasad SA. Physiotherapy techniques. In: Pryor JA, Prasad SA, editors. Physiotherapy for respiratory and cardiac problems: adults and paediatrics. 4th ed. Edinburgh: Churchill Livingstone; 2008. pp. 136–63.
- 38. Pepper JA, Anderson JM, Innocenti DM. Pulmonary surgery. In: Downie PA, editor. Cash' textbook of chest, heart, and vascular disorders for physiotherapists. 4th ed. London: Mosby; 1992. pp. 374–85.
- Li WW, Lee TW, Yim AP. Shoulder function after thoracic surgery. Thorac Surg Clin. 2004;14:331–43. doi: 10.1016/S1547-4127(04)00021-0.
- 40. Desantana JM, Santana-Filho VJ, Sluka KA. Modulation between high- and low-frequency transcutaneous electric nerve stimulation delays the development of analgesic tolerance in arthritic rats. Arch Phys Med Rehabil. 2008;89:754–60. doi: 10.1016/j.apmr.2007.11.027.
- 41. Watkins AA, Johnson TV, Shrewsberry AB, et al. Ice packs reduce postoperative midline incision pain and narcotic use: a randomized controlled trial. J Am Coll Surg. 2014;219:511–7. doi: 10.1016/j.jamcollsurg.2014.03.057.
- 42. Dinic VD, Stojanovic MD, Markovic D, Cvetanovic V, Vukovic AZ, Jankovic RJ. Enhanced recovery in thoracic surgery: a

- review. Front Med (Lausanne) 2018;5:14. doi: 10.3389/fmed.2018.00014.
- 43. Pryor JA, Webber BA. Physiotherapy for respiratory and cardiac problems.
- 44. Dinh T. Improving primary health care through collaboration briefing 1—current knowledge about interprofessional teams in Canada. Ottawa: Conference Board of Canada; 2012.
- 45. Jones J, Norman K, Saunders S. The state of the union: trends and drivers of change in physiotherapy in Ontario in 2014. Kingston (ON): Queen's University; 2014.
- 46. Muldoon LK, Hogg WE, Levitt M. Primary care (PC) and primary health care (PHC). What is the difference? Can J Public Health. 2006;97(5):409–11. Medline:17120883.
- 47. Starfield B. Primary care: an increasingly important contributor to effectiveness, equity, and efficiency of health services. SESPAS Report 2012. Gac Sanit. 2012;26(Suppl 1):20–6. Medline:22265645.
- 48. Dinh T. Improving primary health care through collaboration briefing 2—barriers to successful interprofessional teams. Ottawa: Conference Board of Canada; 2012.
- 49. Cott CA, Mandoda S, Landry MD. Models of integrating physical therapists into family health teams in Ontario, Canada: challenges and opportunities. Physiother Can. 2011;63(3):265–75. Medline:22654231.
- 50. Ontario Physiotherapy Association. Community Health Centre Survey 2011. Toronto: The Association; 2011.
- 51. Hollander MJ, Kadlec H, Hamdi R, et al. Increasing value for money in the Canadian healthcare system: new findings on the contribution of primary care services.

- Healthc Q. 2009;12(4):32–44. Medline:20057228.
- 52. Freeman C, Cottrell WN, Kyle G, et al. Integrating a pharmacist into the general practice environment: opinions of pharmacists, general practitioners, health care consumers, and practice managers. BMC Health Serv Res. 2012;12:229. Medline:22852792.
- 53. Ontario Physiotherapy Association. Physiotherapists in primary health care. Toronto: The Association; 2017.
- 54. Donnelly CA, Brenchley CL, Crawford CN, et al. The emerging role of occupational therapy in primary care. Can J Occup Ther. 2014;81(1):51–61. Medline:24783488.
- 55. Gotlib CL, Oandasan IF, Creede C, Jakubovicz D, Wilson L. Creating sustainable change in the interprofessional academic family practice setting: an appreciative inquiry approach. J Res Interprof Pract Educ. 2010;1(3):29.
- 56. Landry MD, Jaglal S, Wodchis WP, et al. Analysis of factors affecting demand for rehabilitation services in Ontario, Canada: a health-policy perspective. Disabil Rehabil. 2008;30(24):1837–47. Medline:19037778.
- 57. Jorgenson D, Dalton D, Farrell B, et al. Guidelines for pharmacists integrating into primary care teams. Can Pharm J. 2013;146(6):342–52. Medline:24228050.
- 58. McColl MA, Aiken A, Birtwhistle R, Corbett S, Schroder C, Schaub M. Why are there no rehabilitation professionals in family health teams? Final report. Toronto: Ontario Neurotrauma Foundation and Ontario Rehabilitation Research Advisory Network; 2009.
- 59. O'Cathain A, Froggett M, Taylor MP. General practice based physiotherapy: its use and effect on referrals to hospital orthopaedics and rheumatology outpatient

- departments. Br J Gen Pract. 1995;45(396):352–4. Medline:7612338.
- Dinh T, Bounajm F. Improving primary health care through collaboration briefing 3—measuring the missed opportunities. Ottawa: Conference Board of Canada; 2013.
- 61. College of Physical Therapists of Alberta, Alberta Physiotherapy Association, Canadian Physiotherapy Association. Primary health care, a resource guide for physical therapists. Edmonton: College of Physical Therapists of Alberta; 2007.
- 62. Association of Family Health Teams of Toronto, Association of Ontario Health Centers, Nurse Practitioners' Association of Ontario. Toward a primary care recruitment and retention strategy for Ontario: Compensation Structure for Ontario's interprofessional primary care organizations. Toronto: The Association; 2014.

- 63. Smart A, Stevenson E, Asmi T. Physiotherapists: opportunities and emerging roles in primary health care. Presented at: Annual conference of the Association of Ontario Health Centres; 2015. June 3; Richmond Hill, Ontario.
- 64. World Health Organization. The World Health Report 2008—primary health care (now more than ever). Geneva: The Organization; 2008.
- 65. Pinnington MA, Miller J, Stanley I. An evaluation of prompt access to physiotherapy in the management of low back pain in primary care. Fam Pract. 2004;21(4):372–80. Medline:15249525.
- 66. Ontario Ministry of Health and Long-Term Care. Changes to publicly-funded physiotherapy services. INFOBulletin 3095. Toronto: The Ministry; 2013.