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Dear SIRA,

**RE: Australian Physiotherapy Association (APA) public submission “SIRA NSW Model of Care Management of Low Back Pain” (September 2023)**

On September 16, 2023, the State Insurance Regulatory Authority (SIRA) requested feedback from stakeholders regarding the Model of Care for the Management of Low Back Pain - Summary (the model). This consultation was an opportunity for key stakeholders and the public to provide feedback on the model before it is implemented within the compulsory third-party (CTP) and workers' compensation (WC) schemes.

The Australian Physiotherapy Association (APA) lodged a submission that refers to the work of Accredited Exercise Physiologists (AEPs) on lower back injuries, and the way that this has been represented raises grave concerns. ESSA strongly objects to the numerous incorrect statements and lack of recent best-practice evidence presented in APA's response to the model. This includes statements about the scope of practice of Accredited Exercise Physiologists [1, 2].

Exercise and Sports Science Australia (ESSA) is the peak body for exercise and sports science professionals in Australia, representing more than 11,000 members - including AEPs. AEPs are recognised as allied health professionals and play a crucial role in promoting physical health, managing chronic physical and mental health conditions, and improving overall well-being through personalised exercise programs and expert guidance. ESSA acknowledges the important role of allied health practitioners and incorporates inclusive language into the model of care for managing lower back pain (LBP). This represents a significant step forward in ensuring that the needs of all individuals are addressed in the model.

The model aims to improve the health, quality of life, and social outcomes of individuals with low back pain. Therefore, the purpose of this detailed letter (**Attachment Appendix A**) is to provide further evidence that will assist SIRA in making an informed decision regarding best practice recommendations for the model and support the use of inclusive terms such as Physical Therapies rather than reference to a single profession.

ESSA looks forward to continuing to collaborate with SIRA to enhance and drive significant improvements in outcomes for people with LBP and deliver value-based health outcomes. Please contact the ESSA Senior Policy & Advocacy Advisor, Jacintha Victor John, on 07 3171 9669 or at [Policy@essa.org.au](mailto:Policy@essa.org.au) for further information or questions arising from the following submission.

Yours sincerely



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## Appendix A

### Accredited Exercise Physiologist – Allied Healthcare Providers

ESSA is part of the National Alliance of Self Regulating Health Professions, governed by a quality framework for these professions supported by seed funding from the Australian Government Department of Health [3]. As the national accrediting body for AEPs as allied health care providers with SIRA, ESSA endorses the wording presented in the model and supports the work done to promote the efficient and viable evidence-based role for the management of low back pain.

ESSA commends the work done to promote efficient and viable evidence-based care for the management of low back pain. The wording in the current document on the Model supports effective injury management and return to work with access to treatment that will assist in recovery. The current wording supports effective injury management and recovery and return to work programs by ensuring persons injured in the workplace or in motor vehicle accidents have access to treatment that will assist in their recovery. ESSA supports SIRA in promoting efficient and effective evidence-based care provision in workers with low back pain.

However, the response submitted by the APA to SIRA, as follows, raises grave concerns.

ESSA is concerned regarding several incorrect statements and evidence outlined in the APAs response to the SIRA NSW Model of Care of the Management of Lower Back (MOC), particularly in relation to AEPs purported capacity to provide acute phase care. Exercise Physiologists have the necessary scope and ability to provide care during these phases of recovery as per Pathway A and Pathway C of the MOC, and this is supported with evidence.

AEP have the scope to provide care during the acute phases of recovery as per Pathway A and Pathway C of the MOC [1, 2].

**Recommendation: ESSA strongly advocates and supports the inclusion of the wording “Physical therapies” as the treatment pathway A and pathway C. This will allow medical practitioners the option to refer their patients to either Physiotherapy or Exercise Physiology treatment as the initial treatment modality(s) and empower the injured worker to choose their preferred provider to direct treatment as per the recent evidence below.**

Furthermore, this enables person-centred care provision involving high-quality communication and joint decision-making, which is recognised as critical in the management of pain and serious conditions [4]. Overall, this new system will provide a more constructive approach to injury management.

ESSA’s concern surrounds the incorrect information stated by the APA regarding the AEP Scope of Practice to assist with lower back injuries [5]. It is crucial to correct the statement in APA’s submission that omits current best practice evidence and deliberately explicitly devalues AEP’s scope to treat. The statement is also contrary to principles underlying a robust clinical framework for the delivery of health services via involving a range of stakeholders to optimise recovery outcomes from compensable injuries [6].

APA states in their submission (refer to page 5):

*“SIRA have confirmed to APA that the replacement of ‘physiotherapy’ with ‘physical therapies’ is to allow non-Ahpra regulated exercise physiologists (EPs) to substitute the physiotherapist. Such ill-considered doctoring of the ACI model of care to remove explicit inclusion of physiotherapists has significant ramifications for the health outcomes of patients with acute low back pain.”*

*“The APA repeatedly requested evidence from SIRA which supports the role substitution of physiotherapy by exercise physiologists in acute low back pain management for medium to high risk patients and have received no such evidence. APA’s extensive literature search didn’t retrieve any empirical evidence for EP in acute low back pain, and even Exercise and Sport Science Australia’s (ESSA) own submission into consultation on this model of care provides no such evidence (ESSA 2023a). The APA is extremely concerned regarding patient access to appropriate, qualified, safe, evidence-based care for patients with acute low back pain.” [7]*

## Appendix A

AEPs are tertiary qualified allied health professionals accredited by Exercise and Sports Science Australia (ESSA) who specialise in prescribing clinical exercise interventions to prevent or manage a range of health conditions [1] (ESSA, 2022). These interventions are exercise based and include health and physical activity education, advice and support, and lifestyle modification with a strong focus on achieving behavioural change. According to the scope of practice [1], exercise physiology emphasises active treatment, primarily using exercise and active self-management strategies.

### Best Practice Evidence supporting AEP Scope Of Practice within Acute Lower Back Pain

There is no evidence available to show that one type of exercise is superior to another, and participation can be in a group or in an individual exercise program. Active strategies such as exercise are related to decreased disability. Passive methods (rest, medications) are associated with worsening disability and are not recommended [5].”

Major international clinical guidelines recognise that for many people presenting with low back pain, where treatment is required, the recommended approach is to discourage passive treatment modalities such as pain medication, steroid injections and spinal surgery and instead promote physical and psychological therapies [8]. Rehabilitation is essential during all phases of acute, subacute and long-term care [9].

### AEP Scope Of Practice

Prevention and Treatment of low back pain Table [6].

	Acute low back pain (<6 weeks)	Persistent low back pain (>12 weeks)
<b>Education and self-care</b>		
Advice to remain active	First-line treatment, consider for routine use	First-line treatment, consider for routine use
Education	First-line treatment, consider for routine use	First-line treatment, consider for routine use
Superficial heat	Second-line or adjunctive treatment option	Insufficient evidence
<b>Non-pharmacological therapy</b>		
Exercise therapy	Limited use in selected patients	First-line treatment, consider for routine use
Cognitive behavioural therapy	Limited use in selected patients	First-line treatment, consider for routine use
Spinal manipulation	Second-line or adjunctive treatment option	Second-line or adjunctive treatment option
Massage	Second-line or adjunctive treatment option	Second-line or adjunctive treatment option
Acupuncture	Second-line or adjunctive treatment option	Second-line or adjunctive treatment option
Yoga	Insufficient evidence	Second-line or adjunctive treatment option
Mindfulness-based stress reduction	Insufficient evidence	Second-line or adjunctive treatment option
Interdisciplinary rehabilitation	Insufficient evidence	Second-line or adjunctive treatment option

## Appendix A

An updated Overview of Low Back Pain Management [10]

Recommendation grade for general behavior		
General behavior [3,4,6,11-14]	Acute LBP	Chronic LBP
Information	I	A
Education & self-care	A	A
Advice to stay active	A	A
Reassure patients	A	B
Bed rest	D	A
Modified work	I	I

Lower Back Pain Key

<b>A</b>	Strongly support a recommendation for use.
<b>B</b>	Moderately support a recommendation for use.
<b>C</b>	Marginally support a recommendation for use.
<b>D</b>	Support a recommendation against use.
<b>I</b>	Cannot determine the recommendation grade due to insufficient evidence.

The ESSA Accredited Exercise Physiologist Scope of Practice document states [1]:

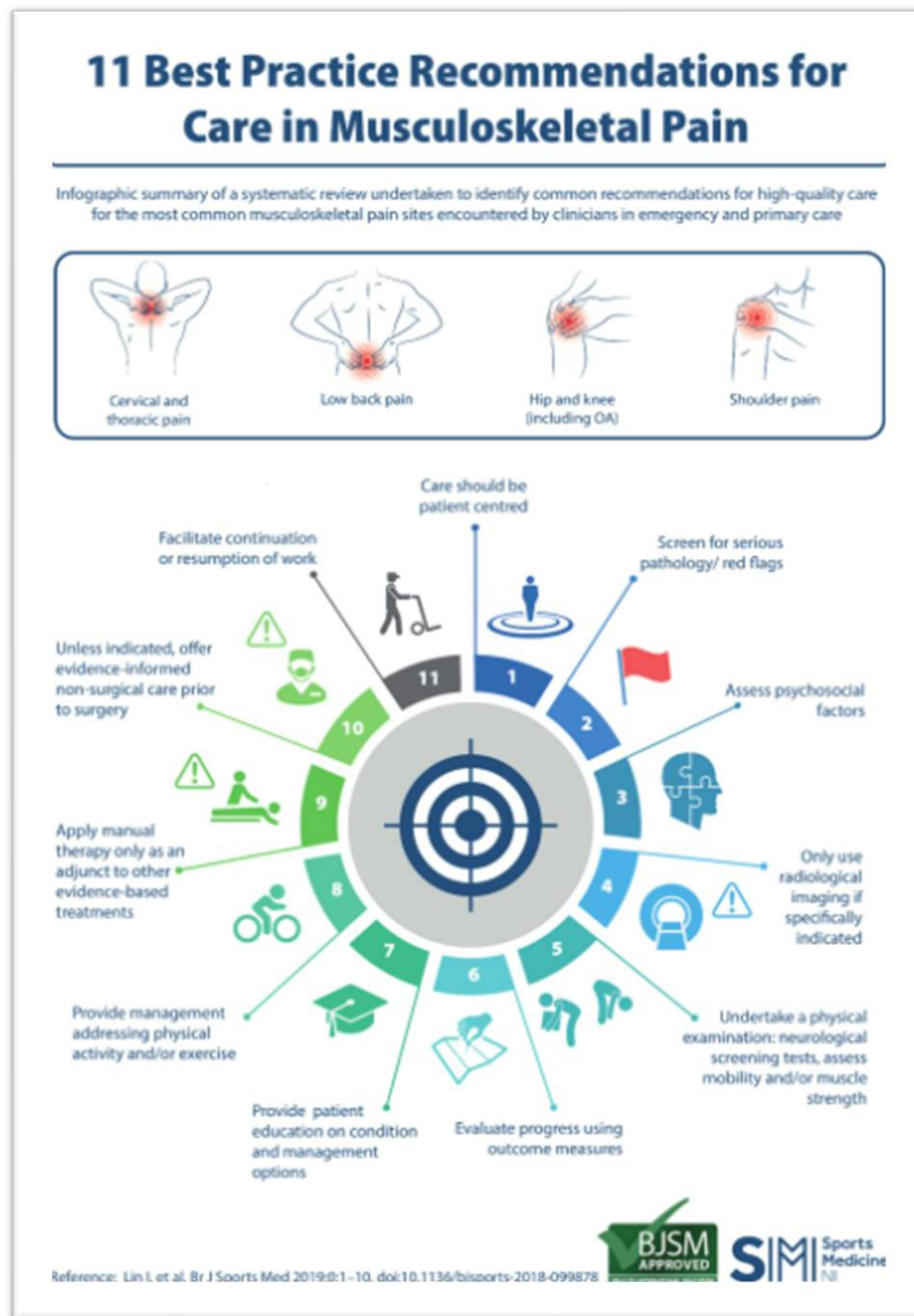
AEPs apply evidence-based judgment and clinical reasoning to individuals, groups, and the broader community to:

- Improve and maintain health status and function and support reablement.
- Prevent decline of health status.
- Prevent, treat, and manage capacity and function for activities of daily living and work-activities, and to inform interventions.
- Screen, assess, and measure capacity and function for activities of daily living and work-related activities and to inform interventions.
- Prescribe, deliver, adapt, and evaluate movement, physical activity, and exercise-based interventions to:
  - Enhance and maintain function and quality of life.
  - Facilitate recovery and promote reablement.
  - Maximise independence.
- Educate and advise about health and well-being and how physical activity and exercise can improve health outcomes.
- Empower people to improve health outcomes and self-manage health conditions.
- Coach and motivate to increase engagement and self-efficacy in treatment and physical activity, including addressing client preferences, needs, barriers and goals.

AEPs apply a person-centred approach to people of diverse backgrounds and populations and work collaboratively with clients and relevant others involved in supporting their health and well-being.

The British Journal of Sports Medicine [11] outlined 11 Best Practice Recommendations for the care and support of patients with musculoskeletal injuries or conditions.

## Appendix A



Eight of these recommendations directly align with the scope of AEPs:

- Ensure care is patient centred.
- Screen for red flag conditions.
- Assess psychosocial factors.
- Undertake a physical examination.
- Monitor patient progress.
- Provide education/information.
- Address physical activity/exercise.
- Try to keep patients at work.

This study outlines the highly aligned values and skills AEPs provide in acute lower back treatment [11].

## Appendix A

**The exclusion of best practice evidence by the APA is a deliberate misrepresentation of the full scope of AEP practice, and ESSA members are extremely concerned and disappointed about it.**

AEPs play a key role in the treatment of individuals by providing holistic patient care with their unique areas of expertise.

**ESSA supports the use of inclusive terms such as Physical Therapies rather than reference to a single profession.** The use of inclusive language is essential in implementing a multidisciplinary care model that recognises these professionals' diverse and comprehensive roles. Inclusive language acknowledges the value of each profession and encourages collaboration, resulting in the most comprehensive care possible for patients. By carefully selecting language and emphasising cooperation, the model will effectively engage all healthcare stakeholders and be better equipped for successful implementation.

ESSA commends SIRA for adopting the Lower Back Pain (LBP) model, which acknowledges the vital contributions of allied health practitioners and incorporates inclusive language. A multidisciplinary approach to LBP management is essential for better health outcomes. ESSA recommends that SIRA incorporate evidence-based practice models and inclusive language in their LBP management model.





## Appendix A

### References

1. Exercise & Sports Science Australia, *Accredited Exercise Physiologist Scope of Practice*. 2021.
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