

*1st*  
**WORLD**  
CONGRESS  
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[www.healthyageingcongress.org](http://www.healthyageingcongress.org)

Organised by:



Malaysian Healthy Ageing Society

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World Health  
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**Bridging The Gap Between  
Primary And Secondary Care –  
The Physiotherapy Perspective**

# PRIMARY HEALTHCARE

- Thrust of the Malaysian healthcare system
- Signatory to the Alma Ata Declaration of 1978 in Russia - health care shall be driven and based upon Primary Health Care
- It is the first level of contact of individuals, the family and community with the national health system

- Work of health care professionals who act as a first point of consultation for all patients
- It provides promotive, preventive , curative and rehabilitative services accordingly

(**Resource** : Datin Dr. Hjh. Zil Falillah Bt. Hj. Mohd Said, Family Medicine Association of Malaysia)

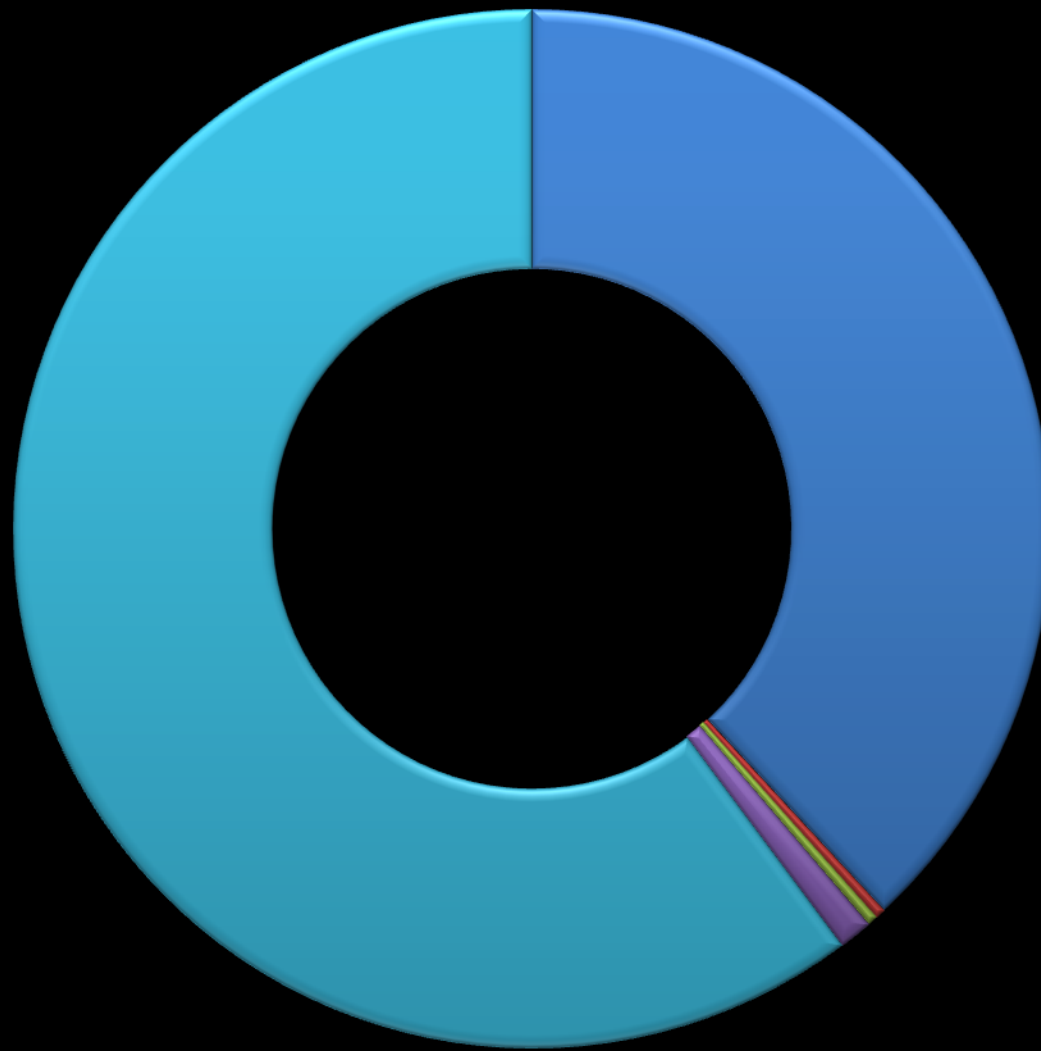
# SECONDARY HEALTH CARE

- Higher level of care by improvements to both the distribution and scope of specialist and subspecialist services in MOH hospitals
- Thus, specialty and subspecialty services become more accessible to a majority of the population

- Hospitals in Malaysia are considered the best, with the latest medical equipments providing optimum performance.
- Services provided by medical specialists, (eg: cardiologists, urologists and dermatologists)
- Secondary care physicians will only see patients referred by a primary care physician or another specialist.

- Physiotherapy and other allied health professionals, such as occupational therapists, speech therapists, dietitians, nurses etc.
- Do not receive patient self-referrals; they work with physicians to co-manage the aspects of a patient's health related to their area of expertise

## STATISTICS OF PHYSIOTHERAPISTS IN MALAYSIA



■ MINISTRY OF HEALTH =  
950

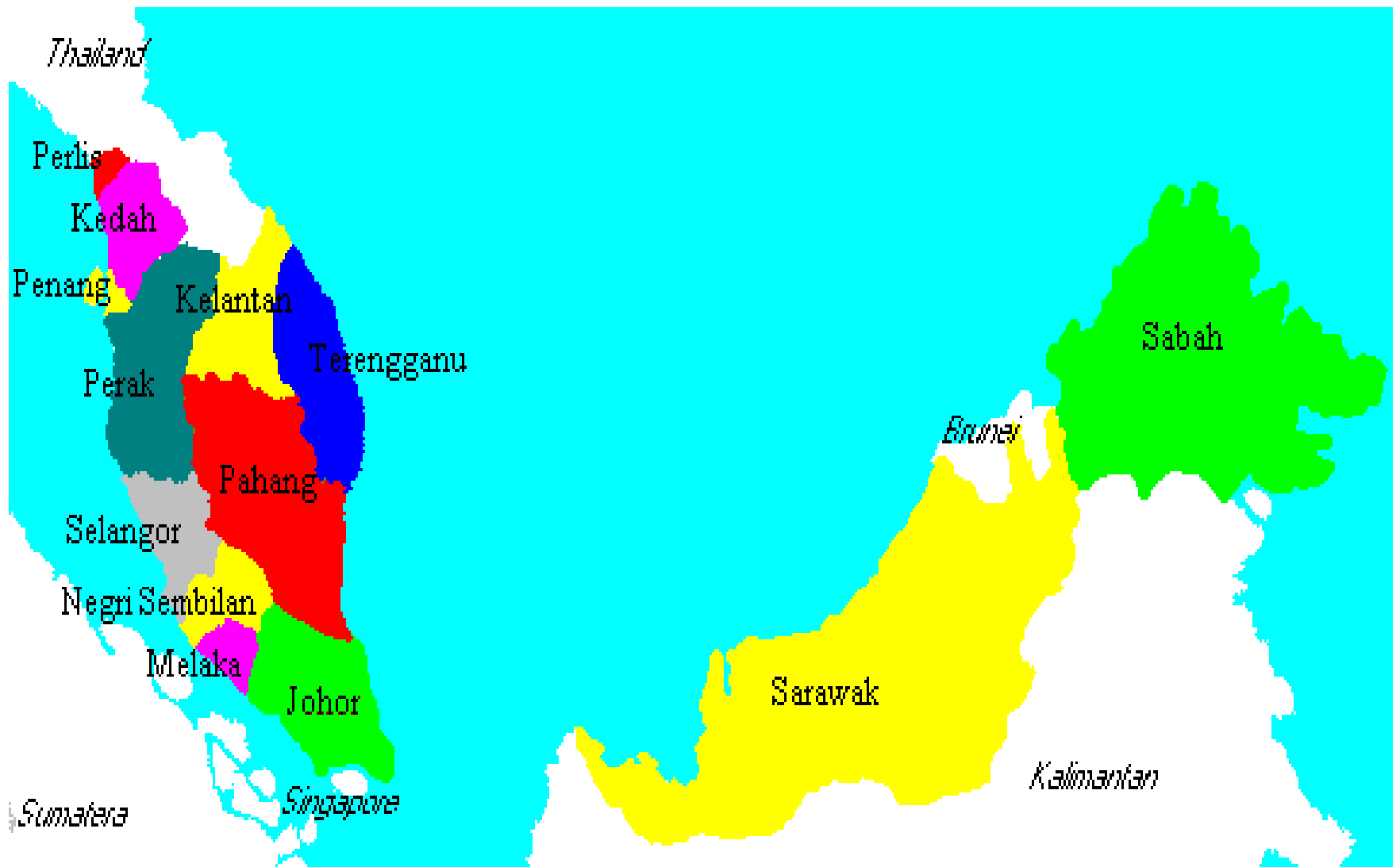
■ DEFENCE DEPARTMENT =  
8

■ EDUCATION DEPT  
(SCHOOLS) = 8

■ SOCIAL SERVICE DEPT  
(SPECIAL HOMES) = 26

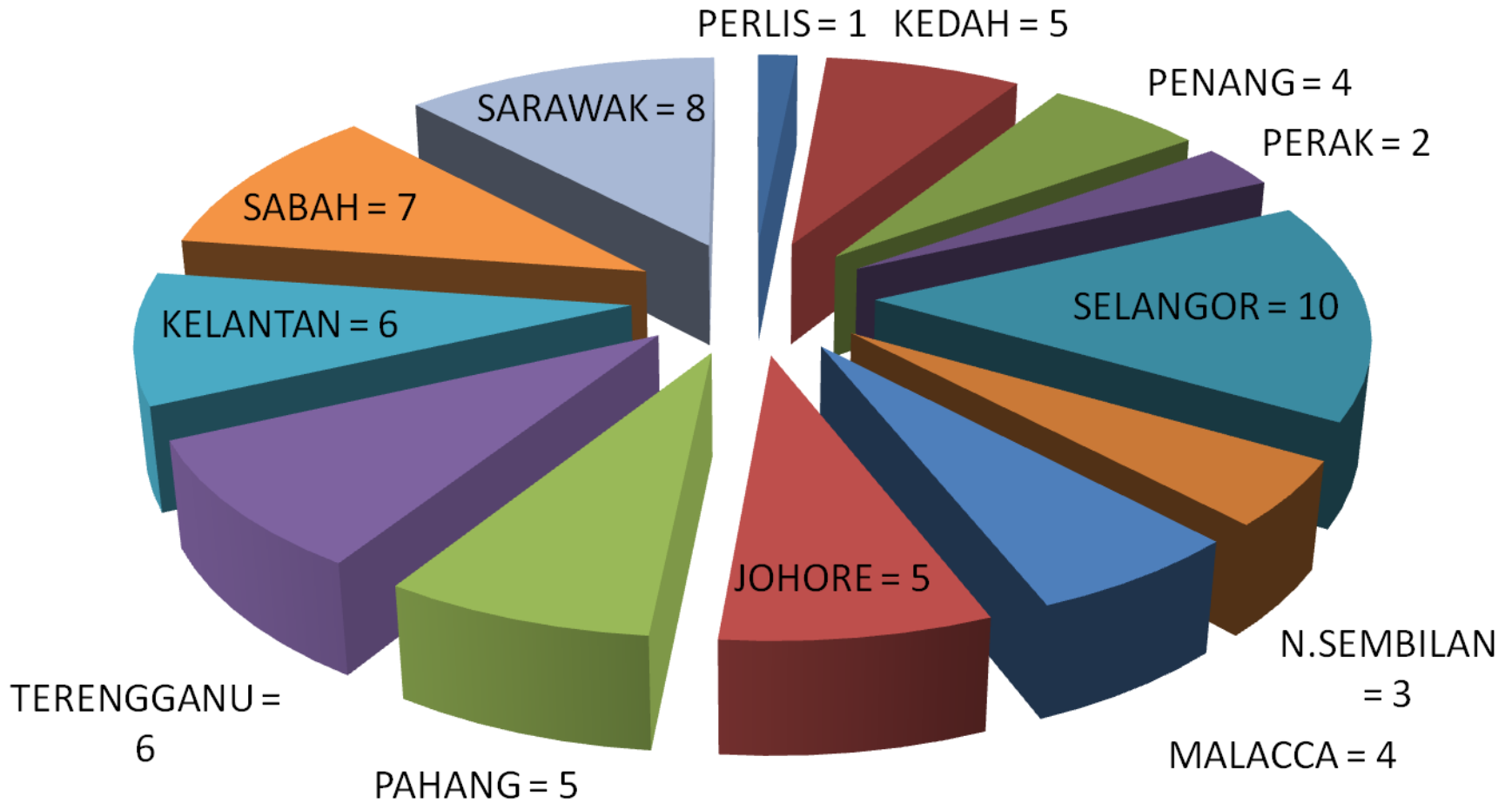
■ PRIVATE  
PHYSIOTHERAPISTS =  
1500

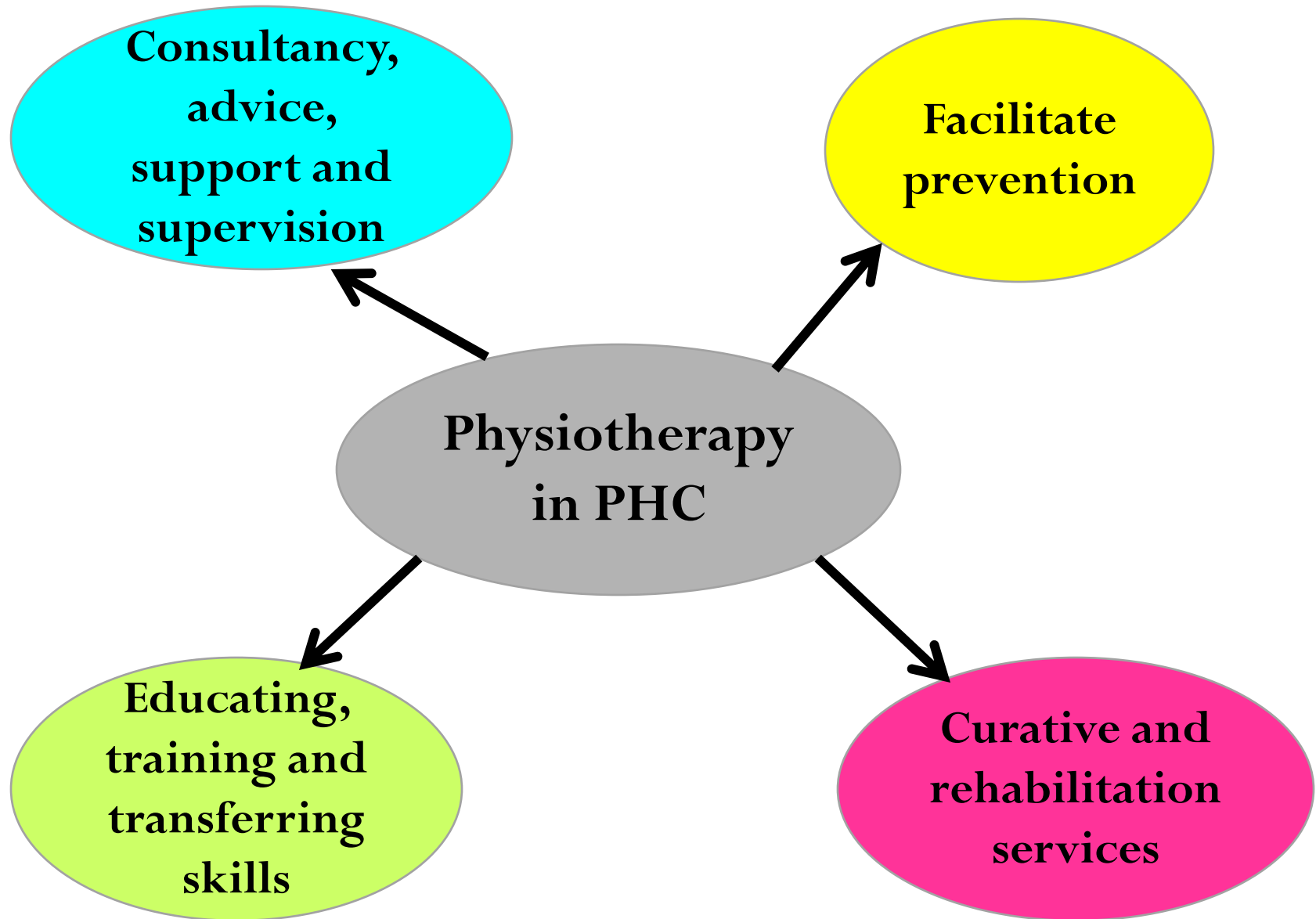




**MALAYSIA AND ITS 13 STATES**

# NO OF PRIMARY HEALTHCARE CENTRES IN EACH STATES WHERE THERE ARE PHYSIOTHERAPISTS





- Involves in community activities – promotion and preventive within and as well as outside the clinic premises
  - Campaigns and healthy living activities
  - Visits homes, schools and factories (screen)
  - Awareness and prevention campaign
  - Planning and implementing fitness, strengthening and flexibility programs
  - Education on positioning, stress management, support groups
  - Instigators of community based rehabilitation (CBR) services

# Areas Of Physiotherapy Service In Primary Healthcare

- Antenatal and Postnatal
- Child and Adolescent health
- School health
- Wellness
- Elderly care
- Rehabilitation
- Community based Rehabilitation

# Physiotherapists In Secondary Healthcare (HOSPITALS)

Physiotherapy  
services to all  
referred cases

Referring  
patients back to  
the medical  
team

Non clinical  
activities

Advice and educate  
patients, carers  
and/or family

Teaching and  
supervising  
students

# **Limitation of physiotherapy / rehabilitation services in PHC**

- Focus of PHC was mainly on prevention of population health problems and disability and not on the priority needs of the people associated with treatment and rehabilitation.
- Absence of importance – more focus is on chronic, non-communicable diseases or illness
- Under – estimation of disabled people's potential to achieve

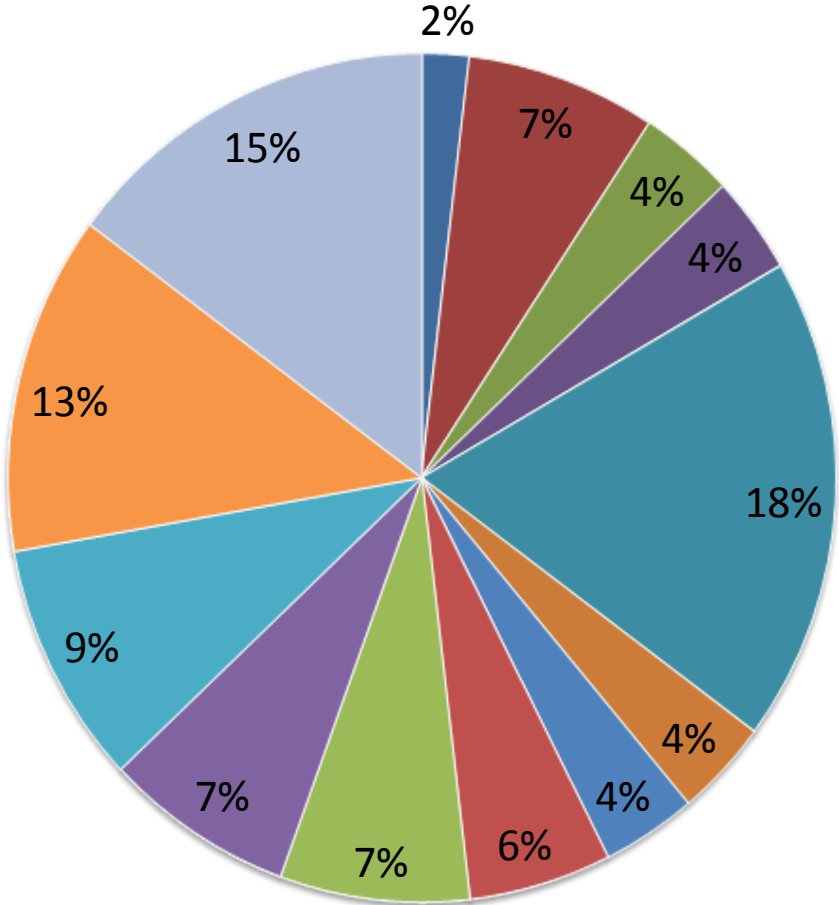
- Issue of the extent of rehabilitation knowledge in the healthcare workers.
- Referrals are from medical staffs only and self referrals are not a standard practice.
- Cost – benefit ratio of providing services to the disabled – purchasing of equipments and machines



- Lack of trained primary healthcare physiotherapist – PHC is not a component in the training curriculum
- Insufficient number of physiotherapists in PHC. In Malaysia there are only 54 therapist to serve a nation of 27 million people.

# Statistics of therapist in PHC in Malaysia

**PHYSIOTHERAPISTS = 54**



- PERLIS = 1
- KEDAH = 4
- PENANG = 2
- PERAK = 2
- SELANGOR = 10
- NEGERISEMBILAN = 2
- MALACCA = 2
- JOHORE = 3
- PAHANG = 4
- TERENGGANU = 4
- KELANTAN = 6
- SABAH = 7
- SARAWAK = 8

# Link between primary care and secondary care

- PHC cannot exist in isolation
- Linked to secondary care – provided by a system of hospitals
- Well established referral system from PHC to secondary care
- Multi- professional, inter- agency and cross – sectoral collaboration essential in delivering effective services

# Efforts taken by Physiotherapy service

- Attachment to district/ state hospitals -newly qualified physiotherapists
- Must attend 7 days in-service courses per year
- Involve in other activities regarding the policies of the Ministry of Health, Quality Assurance Programs, research and development and others.

**(Resource : Physiotherapy Department, HKL)**

- Physiotherapist are required to be competent and have professional standards
  - Flexibility and innovation
  - Provision of high quality and relevant continuing professional development opportunities post qualification
- To better orientate the physiotherapy curriculum to primary healthcare and other health services delivery

- Requirement of physiotherapists to complete at least 1 year of community services in order to develop the primary healthcare.

**(Resource: Tracy Bury, Asia Pacific Disability Rehabilitation Journal, 2005)**

- Teleprimary care – reduces cost of travelling



**(Resource: Syed Aljunid , MD (UKM),  
senior research Fellow UNU-  
International Institute for Global  
Health, Kuala Lumpur )**



***THANK YOU***