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Cover story

Innovations in musculoskeletal physiotherapy service delivery: Redesigning care beyond traditional boundaries

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Across health systems facing rising demand and constrained resources, there is growing recognition that traditional models of musculoskeletal care are no longer sufficient. In Sri Lanka, where public healthcare services must balance accessibility, efficiency, and quality. Innovative physiotherapy service delivery models are critical to meet population needs. The service innovations highlighted in this issue of the Sri Lanka Journal of Physiotherapy and Rehabilitation Sciences reflect contemporary approaches to redesigning musculoskeletal physiotherapy through virtual care, expanded professional roles, and experience-informed pathways.

The cover image was generated using ChatGPT 3.0 (OpenAI, 2026) with the prompt “Innovations in musculoskeletal physiotherapy service delivery (virtual fracture care, virtual model of care, primary contact physiotherapy pathway in emergency departments and co-designed pathway for spine care”. Generated Jan 20, 2026

Virtual fracture care and outpatient service efficiency

Virtual fracture care represents a shift away from routine in-person outpatient follow-up towards remote service models for people with simple fractures. Many uncomplicated fractures require limited intervention beyond education, reassurance, and functional guidance, yet traditional clinic-based pathways often result in long waiting times and high service burden. Virtual fracture clinic services enable timely review through video consultation, allowing clinicians to provide advice, monitor recovery, and identify patients requiring escalation of care. Evidence indicates that virtual fracture clinics provide efficient and clinically effective management for acute traumatic orthopaedic patients, while maintaining high patient satisfaction (1,2). For health systems such as Sri Lanka's, these

models offer opportunities to improve access, reduce unnecessary hospital visits, and optimise orthopaedic specialist input, particularly in settings where outpatient demand exceeds capacity.

Reducing avoidable hospitalisation for low back pain

Innovative service models are also emerging to address the high burden of low back pain within acute care settings. Hospital admission for non-serious low back pain remains common despite strong evidence supporting conservative, community-based management. Virtual hospital model of care for back pain patients provides an alternative pathway that enables patients to receive care in their own homes while remaining connected to clinical oversight (3). This approach emphasizes early physiotherapy, education, and supported self-

management, providing a safe, feasible, and acceptable alternative to hospitalisation (4). For Sri Lanka's public hospitals, these approaches may contribute to more efficient use of inpatient beds and reduced healthcare costs.

Expanding physiotherapy roles in emergency departments

Emergency departments increasingly rely on workforce innovation to manage high volumes of musculoskeletal presentations. Primary-contact physiotherapy services position physiotherapists as first-contact practitioners for selected musculoskeletal conditions, enabling timely assessment, management, and referral where required (5). Embedding physiotherapists in this role has the potential to streamline care pathways, reduce waiting times, and alleviate pressure on medical staff (4). In the Sri Lankan context, where overcrowding outpatient departments is a persistent challenge, expanding physiotherapy roles represents a pragmatic strategy to improve service efficiency while maintaining safe, evidence-based care.

Co-designed pathways for spine care

Despite strong evidence supporting conservative care (6), many patients with non-serious low back pain continue to be referred directly to spine surgeons, contributing to prolonged wait times and inefficient use of specialist resources (7). A virtual physiotherapist-led evaluation model provides a pragmatic and evidence-informed alternative (8). Through structured telehealth assessment, physiotherapists can effectively triage referrals, identify clinical red flags, commence early education and exercise-based interventions, and determine which patients genuinely require surgical opinion. This approach promotes timely access to appropriate care, reduces unnecessary specialist consultations, and supports more sustainable use of health system resources (8).

Implications for physiotherapy practice in Sri Lanka

Collectively, these emerging service delivery models demonstrate how musculoskeletal physiotherapy can contribute to more accessible, efficient, and sustainable healthcare systems. Virtual care expanded scopes of practice, and co-designed pathways align closely with the needs of the Sri Lankan health system. By embracing new models of service delivery, physiotherapy can play a leading role in health system transformation ensuring that musculoskeletal care remains patient centred, evidence informed, and responsive to evolving population needs.

References

1. Johnson JW, Kafagi AH, Pillai A. The clinical efficacy and patient satisfaction of the virtual fracture clinic in the UK: a systematic review. *J Orthop Surg Res* 2025;20(1):982.
2. Khan SA, Asokan A, Handford C, Logan P, Moores T. How useful are virtual fracture clinics?: a systematic review. *Bone Jt Open* 2020;1(11):683-690.
3. Melman A, Teng MJ, Coombs DM, et al. A Virtual Hospital Model of Care for Low Back Pain, Back@Home: Protocol for a Hybrid Effectiveness-Implementation Type-I Study. *JMIR Res Protoc* 2024;13:e50146.
4. Melman A, Teng MJ, Coombs DM, et al. Process and implementation evaluation of a virtual hospital model of care for low back pain (Back@Home). *Emergency Medicine Australasia* 2024;36(6):929-937.
5. de Campos TF, Coombs D, Sigera C, et al. Effectiveness of primary-contact physiotherapy in managing musculoskeletal conditions in emergency departments: protocol for the RESHAP-ED randomised controlled trial. *BMJ*



Open 2025;15(3):e096044.

6. Oliveira CB, Maher CG, Pinto RZ, et al. Clinical practice guidelines for the management of non-specific low back pain in primary care: an updated overview. *Eur Spine J* 2018;27(11):2791-2803.
7. Liu X, Hanney WJ, Masaracchio M, et al. Immediate Physical Therapy Initiation in Patients With Acute Low Back Pain Is Associated With a Reduction in Downstream Health Care Utilization

and Costs. *Phys Ther* 2018;98(5):336-347.

8. Gamble A, Ferreira G, Maher C, et al. Experience-Based Co-Design of the Virtual Physiotherapist-led Evaluation of Referrals for spine surgery (VIPER) model of care: study protocol2025.