

[Redacted]

9 March 2007

Ms Diane Salter
Project Manager and Principal Analyst
Review of Physiotherapy Services
Department of Labour
P O Box 3705
Wellington

Fax.: 04-915-4015

Dear Ms Salter

Please find herewith my submission to the Physiotherapy Inquiry. I am faxing this document due to the lateness of my submission and will post a signed copy of this letter to you on tomorrow's date.

I am aware that the review is aimed at the Physiotherapy profession and how it is funded by the Accident Compensation Corporation, however, I believe that it is important to conduct such a review within the context of how these factors impact on injured people. Because of this, I felt it to be my duty to write a submission explaining some of the problems that I have had with my treatment and rehabilitation.

I would like my submission and evidence to be kept confidential and not released to the public. I have a particular concern about confidentiality of names and am specifically requesting that you refer to me and my Physiotherapist as "Patient X" and "Physiotherapist X" (or similar).

Kindly note that the information provided in my submission is given "without prejudice". Also that I do not wish to give evidence in person.

Yours sincerely

[Redacted Signature]

[REDACTED]

[REDACTED]

Submission to the Physiotherapy Inquiry

This is the submission of:

Mrs [REDACTED]
[REDACTED]
[REDACTED]

I do not wish to give evidence in person.

I can be contacted at telephone number [REDACTED]

Yours sincerely

Mrs [REDACTED]

BACKGROUND

1. On 16 July 2001, I tripped over a hosepipe lying in the driveway of our home and fell heavily into a car door. At the risk of sounding dramatic, I have to say that my life changed on this day.
2. I, my family members and friends had no knowledge of spinal injuries or what their effects are on the human body. In fact, I am embarrassed at needing to admit that my husband and I naively believed that *any* injury to the spine causes permanent and irreversible paralysis, and that we also trusted and believed in my general practitioner repeatedly telling me that I simply had "lumbar sprain".
3. The relief provided by my general practitioner administering Voltaren and Tramadol injections, and giving me a prescription for similar tablets, was short-term. So I was in severe pain when I consulted with him for the second time (on 31 July 2001) and asked him to refer me to [REDACTED].
4. When I arrived at [REDACTED] for the second consultation (on 2 August 2001), the receptionist told me that ACC had only approved six treatments and that they were not likely to approve any further treatments.
5. I had the sixth treatment (on 17 August 2001). I was however still experiencing a lot of pain so I visited my general practitioner again (on 24 August 2001) and asked him to refer me to [REDACTED]. I explained that this request was because [REDACTED] had told me that ACC had limited the number of treatments to six and that I had the last of the six treatments the week prior.
6. I had ten consultations with the Chiropractor but as with the physiotherapy treatments I enjoyed only short-term relief. So it was that I continued experiencing intermittent but frequent episodes of low back, left and right buttock, and right leg pain which I was then referring to as "flare ups". I had also pretty much given up on complaining to my general practitioner about my condition and was self-medicating with Anti-Flamme rub and tablets, Deep Heat and Voltaren rubs.
7. I was not experiencing any low back pain on 16 April 2003 when I unfortunately picked up my crying grandson and immediately experienced severe low back pain, and subsequently right buttock, thigh and hamstring pain. As before, I found that my condition improved with bed rest, the use of the self-medications detailed above and a heated wheat bag.
8. Severe pain woke me in the early hours of the morning on (Saturday) 19 April 2003. When they worsened my husband drove me to [REDACTED] Clinic Accident and Medical. I specifically asked the Duty Doctor for a Voltaren injection but was given a generic which delivered no relief.

I was also given a referral for a general back x-ray but the reception staff told me after the consultation had ended that their x-ray department was closed and that it would only re-open on (Monday) 21 April 2003.

9. The pain was unbearable by the time Monday morning (21 April 2003) arrived. My husband told me that he thought ACC must surely be responsible for the cost of further treatments and that he was prepared to "fight them" if they refused to approve same. He urged me to call [REDACTED] I did this and asked for an urgent appointment. I was told that they could not fit me in and it was suggested that I call [REDACTED] They scheduled an appointment for the next day.
10. I told the [REDACTED] Physiotherapist (whose name I prefer to keep private) the history of my back injury. I also told her that ACC had limited the number of treatments at [REDACTED] to six. She suggested that I complete another ACC claim form, saying this was in view of the pains I had experienced when picking up my grandson. In retrospect, I believe this was because she knew ACC would refuse further treatments under the July 2001 claim number.
11. At the second consultation with [REDACTED] I drew her attention to pain and swelling in my right hamstring. She arranged for me to consult with a [REDACTED] Accident and Medical practitioner who then referred me for an ultrasound. This was done the following morning and showed an "ill defined area of slight hypochoenicity". An MRI followed by a biopsy was recommended. The former was done but never the latter.
12. I consulted with my general practitioner in the afternoon following the ultrasound. I do not wish to divulge details about what happened at this consultation because I am considering legal action and/or complaining to the Health and Disability Commissioner, however, I can say that his conduct was initially rude and irrational, and later aggressive and threatening.
13. I changed my general practitioner after the abovementioned experience and was referred by my new general practitioner to a local Orthopaedic Surgeon (whose name I prefer to keep private). A large herniation of L5/S1 was subsequently diagnosed, and he performed a partial discectomy in August 2003 which provided relief until December 2003 when the low back and right leg pains started up again.
14. I am currently suffering from post-traumatic stress disorder and depression.

While I am receiving treatment for these conditions, I remain traumatized by my back injury and related experiences to the extent that I find it very difficult and stressful even recalling them to mind. And, as above, I am considering legal action and/or complaining to the Health and Disability Commissioner. Therefore, I also do not wish to divulge details about what happened between the first and second surgeries.

15. Being an emigrant, and one who has not had the opportunity to work in New Zealand, put me at a significant disadvantage. I had scant knowledge about ACC's role and responsibilities to claimants, and ACC did not advise me about my rights and specific entitlements. In fact, ACC failed to manage my case for 5+ years and did not show any interest in me or my rehabilitation until my general practitioner told me that I could get "home-help" following the revision discectomy and she gave me a form to fax through to ACC. A Case Manager was then hurriedly appointed to my case and ACC has since been 'all over me like a rash' but not in a helpful or beneficial way.
16. The Orthopaedic Surgeon (whose name I prefer to keep private) that performed the revision discectomy wrote a letter to my general practitioner on 15 August 2006 and copied it to ACC. He stated that he thought I would benefit from an Activity Based Programme, that he had suggested (to me) that this could be arranged at [REDACTED], and that he had asked ACC to approve funding for this. ACC eventually wrote me a letter on 17 October 2006 advising that the Activity Based Programme "will take place for 12 weeks commencing 09/10/06".
17. The Activity Based Programme completion date was 1 January 2007 but I consulted with [REDACTED] again on 12 January 2007 about a knee injury. By that stage I had received and read a copy of her final report to ACC and had noted that she had written [REDACTED] "needs to continue to improve her physical fitness". I felt this too and therefore asked her then if she could provide me with a letter to ACC recommending that I continue with the YMCA gym programme that I had started under the Activity Based Programme.
18. [REDACTED] told me that she could not help me with my request for a letter to ACC because this would reflect badly on her since ACC would say that she had not done her job properly and in the approved time. She also explained that three ACC managers had asked to meet her the day prior at short notice and that they had repeatedly and emphatically told her there that under no conditions would ACC approve Activity Based Programmes beyond 12 weeks. I recently heard the same thing from a YMCA staff member.

RELEVANT FACTS

19. I have been treated by numerous local Physiotherapists (whose names I prefer to keep private). This has not only been for my spine injury but also a range of other and/or related injuries. I have always found them to be professional, helpful and empathetic.
20. I cannot over-stress how much of a credit [REDACTED] is to the Physiotherapy fraternity. I also believe that we are very fortunate to have such an extremely professional, competent, knowledgeable and caring Physiotherapist in Hamilton. I have heard from various ACC claimants that she - as with me - went out of her way in helping them with and through their rehabilitation.
21. ACC has never contacted me in regard to any of my Physiotherapist treatments and I am left with the strong impression that rehabilitation is not a driving force of this organization. I have also heard it said on numerous occasions and through different people that ACC has little or no interest in those claimants who were not working at the time of injury. I have found this to be true in my case.
22. ACC's neglect of me and my case has had a negative impact on me physically and mentally. In fact, I partly blame ACC for the failure of my first surgery and needing to have revision surgery.

RECOMMENDATIONS

23. Physiotherapy treatment decisions need to be speeded up.
24. Physiotherapy treatment approvals are hurdles that should not be placed in the way of claimants and/or their Physiotherapists. They also need to be individualized, flexible and far more generous money-and-time-wise.
25. Physiotherapists should not be threatened and/or bullied. They should feel and be free to write letters of support for claimants whose treatment approvals have expired.

CONCLUSION

26. It is apparent that ACC has a "one size fits all" mentality. *This has to change.* Just as no two people are the same, no two cases could possibly ever be the same. Crucially, limiting all Activity Based Programmes to 12 weeks and forcing Physiotherapists to ignore the needs of their patients and ACC's legislated responsibility to rehabilitate claimants to the "maximum practicable extent" is heinous and reprehensible.