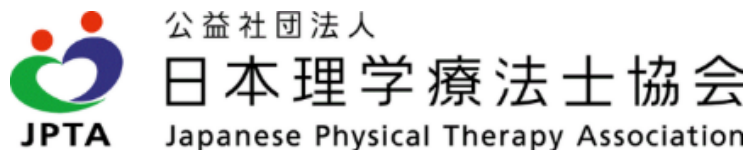




# Role of physical therapy in Community-based settings: Hospital, Health Center, and Caring service in Japan and Cambodia

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**Cambodian Physical Therapy Association**  
Ensuring the Quality of Physical Therapy Services



# Presentation Contents

- Japanese Physical Therapy Association(JPTA ) and Cambodian Physical Therapy Association(CPTA) are both professional organizations which represent physical therapists in Japan and Cambodia.
- Mission of organizations are to promote health and quality of life through varieties of activity by physical therapists.
- JPTA has 100,000 members and CPTA has 500 members, working in variety of settings such as hospital and health centre, rehabilitation centre and care service.



# Background/purpose

- Japan and Cambodia, both different cultural, social, economic and health issue/background.
- We will compare situation between Japan and Cambodia and describe characteristics and figure out differences in order to contribute for people with impairment and disability in community.
- At the last, we will identify what the role of physical therapists for Japan and Cambodia.



# Method/Process

From World Physiotherapy website, described and compared professional differences between Cambodia and Japan

	Cambodia	Japan
Practising physiotherapists (estimated)	487	171,471
Practising physiotherapists per 10,000 population	0.29 (<1)	13.64 (10-15)
Minimum qualification for practice	Diploma	Diploma
Entry level education program per 5,000,000 population	0.89 (<1)	11.02 (10-15)
Is registration required to practice?	No	Yes
Is practice guided by specified standards of practice?	Yes, The World Physiotherapy standard	Yes, The standards of the regulatory/licensing/registration authority
Are physiotherapists educated for autonomous practice?	Yes, All programmes (Yes)	No
Is direct access permitted?	Yes	No
Are physiotherapists permitted to provide telehealth services?	Yes	No



# Role of physical therapy in Japan

Support for individuals

Indirect activity to support individuals

Direct activity to support individuals

- Community care case meeting
- Partnership with civil society, inter-professional, inter-organizational etc

- Physical therapy at Hospital, facility, day service,
- Home visit physical therapy etc

Indirect intervention

Direct intervention

Activity to support communities ▪ organizations

Direct activity to support groups ▪ organizations

- Policy making at government, participation in the committee
- community development etc

- Direct intervention for citizen, frail elderly, admitted in nursing care home etc

Support for group



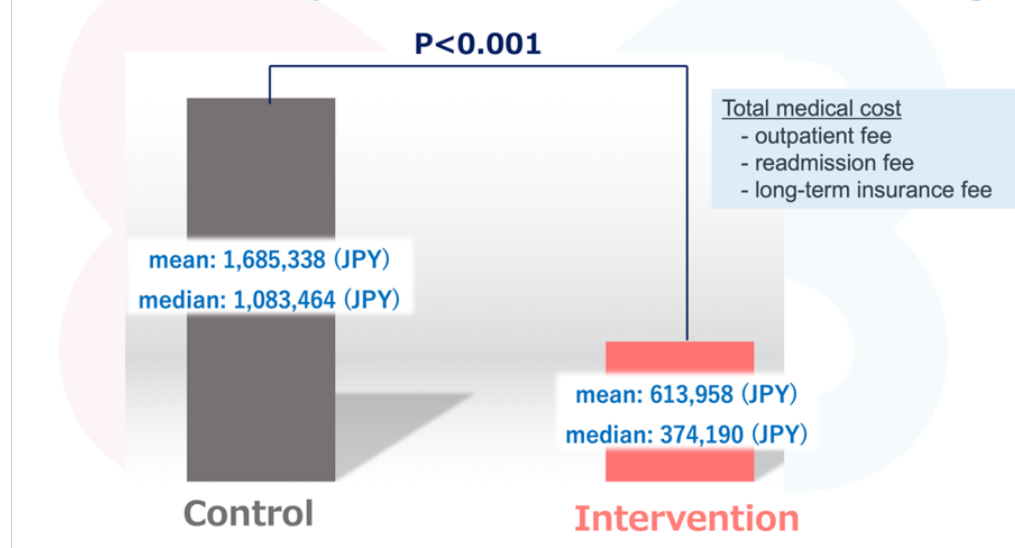
# Evaluation of effectiveness

## No 4 : Providing physiotherapy intensive visit for heart failure patients after-discharge

### Result : Medical cost after-discharge

Total medical expenses for 6 months after-discharge (outpatient medical expenses + readmission medical expenses + long-term care insurance premiums)

#### Total medical expenses within 6-month after discharge



**Cost-effect, medical cost reduction JPY 1070,000 / patient  
≒ USD 7,900 / patient**





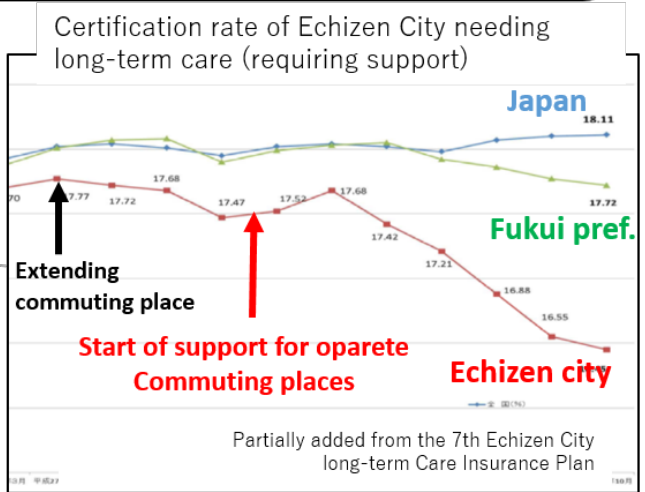
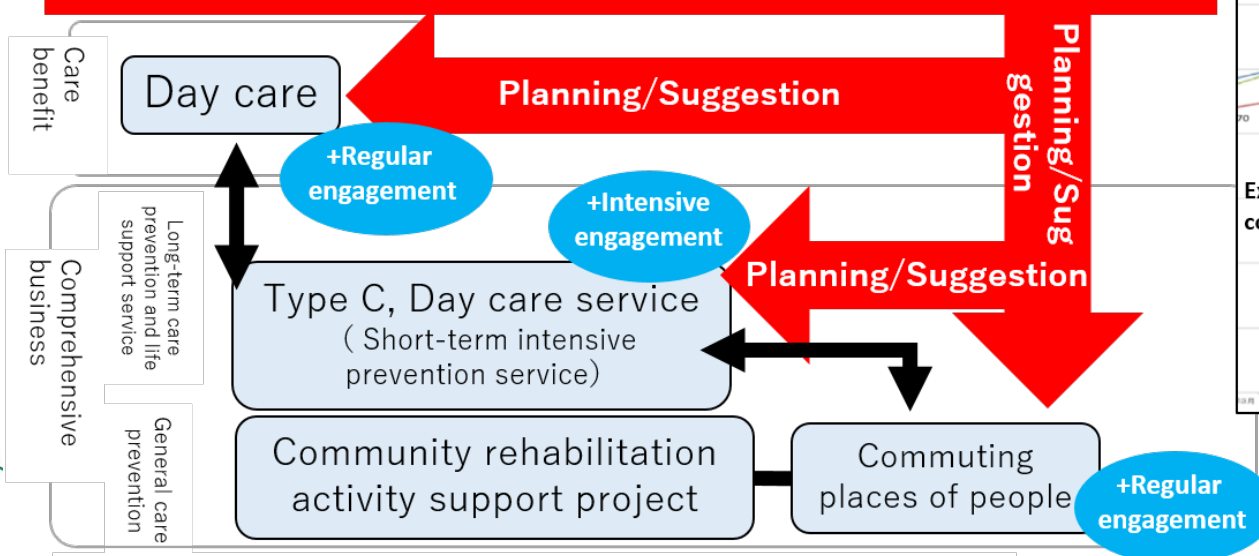
# 1. Achievements of physical therapists nationwide who are active in general care prevention projects

○ In Echizen City, a physiotherapist from a contracted business coordinated the business and planned and proposed services suitable for residents. As a result, the amount of settlement of accounts was reduced **approx. JPY 540 million (USD 4,000,000)** against the amount of budget for long-term care insurance benefits for the 2015 and 2016 business. Furthermore, based on the results of the 6th term, long-term care insurance premiums were left unchanged.

## Outsourced rehabilitation specialists at service provider

- **Evaluation/prognosis prediction** of the target persons, planning and proposing a project suitable for the elderly in the region by linking the general care prevention project with secondary and tertiary prevention.
- From 2019, we will hold preventive care projects at commercial facilities, etc., identify those who need support, and start efforts to connect them to the necessary support.

**Determining the appropriate service according to the status(eg; frailty/cognitive function)**



No. of participants in the commuting place

	2014	2015	2016	2017
Participants	275	453	1,030	1,164

抜粋：公益社団法人 日本理学療法士協会 一般介護予防事業等の推進方策に関する提案より



# Results



- In Cambodia, physical therapists work in different settings to provide rehabilitation service to people in need such as:
  - Community hospitals like referral hospitals
  - Health Centers
  - Physical Rehabilitation Centre (PRC)
  - Community based-rehabilitation (mostly, NGOs)
  - Caring centers (mostly, NGOs)





# Discussions



- At public hospitals, physical therapy services are expected at least from the policy and guidelines, for instance, the Complementary Package of Activities (CPA)
- Minimum Package of Activities (MPA) guideline - Health Centers become an interplay referral and long term rehabilitation of impairments
- PRC service of the 11 PRCs and the Spinal Cord Injury Center.
- Outreach activities are defined in the new guideline for PRCs



# Discussions



- CPA – a long list of conditions can be serviced by PTs for inpatients and outpatients
- MPA – some impairments like CP, SCI, Torticollis, Clubfoot, Autism etc. are first-time include for referral and continue rehabilitation at community level
- PRC newly developed guidelines: include center-base service for people with conditions or impairments are not acute



# Conclusion and Recommendations



- If we establish national regulation/guideline, it can be effectively implemented and can solve:
  - Lack of resources (materials, equipment, facility)
  - Lack of workforce, limited supporting policy
  - Missed management / leadership
  - Payment system – does not encourage PT service at least at most public settings
- Therefore, the PT service in community setting in Japan may be a lesson learnt.



# References



- World Physiotherapy membership

<https://world.physio/membership/profession-profile/about>

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