

Position Statement

Giving advice to patients about medication/medicines

Physiotherapists who give advice to patients about medication/medicines must ensure they have the knowledge and skills to do so and, when giving advice as physiotherapists, the underlying principle is ensuring the health and safety of the public.

Purpose

To provide physiotherapists with guidance regarding giving advice about medications/medicines that can be purchased without a prescription.

Scope

Medication prescribed by a doctor or other authorised prescriber; medication that can be purchased over the counter (OTC) at pharmacies and/or supermarkets; alternative and complementary medicines; quitcard provision of nicotine substitutes.

Introduction

Within the profession there is a lack of clarity regarding the rights and responsibilities of giving advice to patients about medication. Physiotherapists are frequently asked about medication by their patients. This includes the medication they have been prescribed by their doctor, queries about a particular medication they purchased OTC from the pharmacy, or supermarket. In all instances the physiotherapist must not give advice if they are unsure of potential risks but refer the patient to a doctor or pharmacist.

Prescription medicines

The patient's medications must always be included in a physiotherapy assessment to ensure there are no contraindications or need for caution in their physiotherapy management. Physiotherapists should also ask if symptoms are being controlled by the medication and if not can check that it is being taken as prescribed. Physiotherapists must not alter the medication prescription given by the medical practitioner without first contacting the medical practitioner; however, they can clarify how the prescription medication is being taken and verify dosage as prescribed, e.g. the use of inhalers.

If a patient has an action plan that has been issued by a medical practitioner a physiotherapist can support that patient in monitoring their symptoms and initiating the prescribed medication change, i.e. COPD or Asthma action plan. Any discussion or changes initiated must be documented in the patient's records.

Standing Orders¹

Any physiotherapist supplying or administering prescription medicines in the absence of a doctor, is required to do so under Standing Orders from a medical practitioner.

Over the counter medications

Physiotherapists may offer advice about OTC medication but they must keep in mind that the key principle for physiotherapists under the HPCA Act 2003 is to ensure the health and safety of the public. In some situations physiotherapists may suggest a patient obtains particular medication which is available OTC.

It is important for physiotherapists to:

- Realise that advice given in the role of physiotherapist may be seen as 'expert' advice by the public
- Ensure you have the appropriate knowledge and training to give advice on the OTC medication
- Acknowledge your limitations and refer the patient to a pharmacist or doctor if you are not completely sure of the advice to be given
- If you are unsure about any possible drug interaction with other medications they are currently taking, refer the patient to a pharmacist or doctor for advice
- Whenever possible go through the instructions given for OTC medications with the patient to ensure the patient understands the correct dosage and any risks involved
- Ensure that any advice given is evidence informed
- Not promote or sell products that are poorly or non-evidence based
- Record any advice given in your patient records
- Have a good relationship with your referring doctors in order to be able to quickly consult about the patient's medication requirements if needed; and
- Refer patients back to their doctor regarding any queries about change to patient's prescribed medication.

Nicotine replacement therapy

The Ministry of Health has developed an online certification for the prescription of Nicotine Replacement Therapy (NRT) by health professionals. If a physiotherapist wants to prescribe NRT they must undergo the ABC smoking cessation training module available on the Quitline website.

Complementary and Alternative Medicines

The use of alternative and complementary 'medicines' is not endorsed by the Physiotherapy Board or Physiotherapy New Zealand. Some physiotherapists however, offer 'health products' (often marketed as 'natural' supplements) for sale in their clinics. Particular care must be taken so as not to mislead the public on the value/usefulness of the products being sold, and their importance in the rehabilitation process.

¹ The Physiotherapy Board and Physiotherapy New Zealand have a joint position statement on "Supplying or administering prescription medicines in the absence of a doctor"

Nutritional and Dietary Supplements

Advice should not be given on nutritional and dietary supplements unless the physiotherapist has postgraduate qualifications in this area. It needs to be remembered that ingredients in nutritional supplements may be incorrectly labelled and the product may inadvertently contain a banned substance. Nutritional supplements can also react adversely with some prescription drugs. Particular care is needed with children, pregnant or lactating women and professional athletes.

Other points that must be considered are:

- the likelihood that professional judgement of the physiotherapist might be influenced by pecuniary advantage within the secondary business; and
- the possibility of creating a perception in respect of nutritional supplements being part of mainstream physiotherapy training and practice.

In considering their position as physiotherapists, it is imperative that in all decisions made, the underlying principle is ensuring the health and safety of the public.

Useful links

- MedSafe: <http://www.medsafe.govt.nz/regulatory/DietarySupplements/Regulation.asp>
- National Centre for Complementary and Alternative Medicine: <http://nccam.nih.gov/health/supplements/wiseuse.htm>
- World Anti-Doping Agency: www.wada-ama.org/en/anti-doping-community/athletes
- Standing Orders: Standing Order Guidelines (Ministry of Health 2012): <http://www.health.govt.nz/system/files/documents/publications/standing-order-guidelines-june-2012.pdf> and Physiotherapy Board and Physiotherapy New Zealand Position Statement: http://www.physioboard.org.nz/sites/default/files/Position_Statement_Supplying_or_administering_medicines_in_the_absence_of_a_doctor_0.pdf
- Quitline; <http://www.quit.org.nz/>
- Dietary supplements are regulated under the Dietary Supplements Regulations 1985, which fall under the Food Act 1981. Medsafe is responsible for administering the dietary supplement legislation.

Glossary

Over-the-counter (OTC) drugs are medicines sold directly to a consumer without a prescription from a healthcare professional, as compared to prescription drugs, which may be sold only to consumers possessing a valid prescription

A **prescription drug** (also **prescription medication** or **prescription medicine**) is a licensed medicine that is regulated by legislation to require a medical prescription before it can be obtained

Complementary and alternative medicines (CAM) are medical products that are not seen as part of standard care by registered health professionals

Nutritional/dietary supplements include vitamins, minerals, herbs, meal supplements, sports nutrition products, natural food supplements, and other related products used to boost the nutritional content of the diet.

Quitcard provision - "Quitcard providers offer face-to-face support for people who want to quit smoking and distribute Quitcards for subsidised nicotine patches gum and lozenges. Quitline administers the Quitcards programme through a contract with the Ministry of Health." (Quitline, 2015)

Further reading

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Derry, S., Moore, R. A., & Rabbie, R. (2012). Topical NSAIDs for chronic musculoskeletal pain in adults. *Cochrane Database of Systematic Reviews*(9).

Kumar, S., & Grimmer, K. (2005). Nonsteroidal antiinflammatory drugs (NSAIDs) and physiotherapy management of musculoskeletal conditions: a professional minefield? *Therapeutics And Clinical Risk Management*, 1(1), 69-76.

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