



香港物理治療師協會

Hong Kong Physiotherapists' Union

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**Dr Hon David LAM Tzit-yuen**

**Chairman**

**Panel on Health Services**

**Legislative Council**

**Hong Kong Special Administrative Region**

5 February 2026

**Re: Observations on the Current Implementation of Direct Access Physiotherapy under Primary Healthcare and Matters for the Panel's Consideration**

Dear Chairman,

I write on behalf of the Hong Kong Physiotherapists' Union (HKPU) to share our observations on the implementation of direct access physiotherapy with reference to the "Clinical Guideline for First-Contact Physiotherapists on Assessment and Cross-disciplinary Management Approach for Common Musculoskeletal Problems in Primary Care Setting" published in December 2025 ("the Guideline"). We appreciate the Government's effort in strengthening primary healthcare and in developing clinical guidance that supports cross-disciplinary collaboration and patient safety. Our intention in writing is to convey, in a sincere and constructive manner, some practical issues being experienced by frontline practitioners that may affect whether the reform can achieve its intended objectives of timely access, early intervention and prevention.



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We note from the Legislative Council Bills Committee deliberations on 13 May and 21 May 2025 that the Health Bureau indicated the first phase clinical guidance would cover **musculoskeletal conditions and would not be confined to only low back pain, nor confined to individual body parts.** (LegCo Paper CB(3)825/2025, p. 25, p.33, and LegCo Paper CB(3)871/2025, p.7, p.11) In the Guideline as implemented at present, however, the “condition stipulated by clinical guidelines” pathway under HKPRF is described as covering only **osteoarthritis of knee and low back pain.** While we understand that phased implementation is often necessary, the current practical impression among many frontline practitioners is that the “clinical guideline” circumstance has become largely synonymous with two conditions only. We respectfully invite the Panel’s attention to this apparent narrowing, and would be grateful if the Panel could seek clarification from the Health Bureau on the policy basis, the evidence base, and the timeline for expansion beyond the present scope, so that the public and the profession can better understand the intended trajectory.

We also wish to highlight that the Guideline itself recognises a wider range of common musculoskeletal problems effectively managed by physiotherapy in primary care. Table 3.2 lists **“Mechanical back pain”, “Mechanical neck pain”, “Shoulder pain”, “Elbow pain”, “Wrist and hand pain”, “Hip pain”, “Knee pain”, and “Ankle and foot pain”.** These are frequent reasons for consultation in the community, and early access to physiotherapy is often aligned with **a preventive approach that supports function and reduces the chance of prolonged disability.** In other words, the Guideline’s own clinical logic is anchored in restoring movement and function, addressing activity limitation, and preventing progression, precisely the preventive intent of primary healthcare. If direct access is implemented in a way that effectively channels timely



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physiotherapy only to two conditions, while leaving other common functional-limiting presentations to wait for medical routing, then direct access risks being reduced to a “**pain-label gatekeeping exercise**” rather than an **early-intervention pathway**. We would be grateful if the Panel could encourage the Health Bureau to explain how the present scope is expected to deliver the intended preventive benefits, and how widening will be approached in a manner that remains safe and manageable.

Finally, we wish to share a practical concern regarding the endorsement workflow under the cross-disciplinary collaboration arrangement described in Figure 3.3 and paragraphs 3.2.19 to 3.2.23 of the Guideline. As described, after a physiotherapist notifies the paired family doctor via eHealth, the family doctor is to review within **2 working days**, and endorsement is to be made within **7 working days**. During this period, the physiotherapist may provide education and management advice but must refrain from initiating physical modality or manual therapy. While we fully understand the intent to safeguard patients and to ensure proper medical involvement when needed, the operational effect can be that patients wait up to **9 working days** before certain interventions can begin.

In real-world primary care, this creates a predictable tendency. After waiting up to 9 working days, it is highly likely the doctor will decide that the patient should consult the doctor first before endorsing anything. That effectively converts the pathway into a “**doctor appointment first**” process, merely delayed by an administrative interval. The patient experiences delay, the doctor’s clinic list grows, and the physiotherapist’s professional autonomy is reduced to drafting a case note



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designed for endorsement rather than delivering timely care. This sequencing appears to convert **“Direct Access” into “Delayed Access”**, now with an electronic timestamp.

We respectfully invite the Panel to consider whether the current workflow best matches the reform’s access and prevention objectives, and whether refinements could be explored so that clearly within-scope, low-risk physiotherapy interventions can proceed in a timely manner, while still ensuring prompt medical involvement where red flags, diagnostic uncertainty, contraindications, or poor response to treatment are present, as contemplated in the Guideline.

HKPU remains supportive of patient safety, accountability, and genuine cross-disciplinary collaboration. We share the Health Bureau’s aim of strengthening primary healthcare, and we hope these frontline observations can be helpful to the Panel’s oversight and follow-up. We would be pleased to provide further details or attend a meeting of the Panel, if that would assist.

Yours sincerely,

Kenneth Au Yeung

President

Hong Kong Physiotherapists’ Union (HKPU)



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c.c.:

- Prof Hon CHAN Wing-kwong (Bills Committee Deputy Chairman on Supplementary Medical Professions (Amendment) Bill 2025)
- Hon Tommy CHEUNG Yu-yan, GBM, GBS, JP, Hon YUNG Hoi-yan, JP, Hon LAM So-wai, Hon Edward LEUNG Hei, Hon CHAN Pui-leung, Hon Judy CHAN Kapui, MH, JP, Hon CHAN Hoi-yan, Hon Lillian KWOK Ling-lai, Hon Benson LUK Hon-man, Revd Canon Hon Peter Douglas KOON Ho-ming, BBS, JP, Hon TANG Fei, MH, Hon TANG Ka-piu, BBS, JP, Hon Adrian Pedro HO King-hong (Bills Committee Members on Supplementary Medical Professions (Amendment) Bill 2025)