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Direct Access Physiotherapy and the 'Blankoverordnung': A European Perspective on Germany's Evolving Framework

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Abstract

Musculoskeletal conditions represent a major burden on European healthcare systems. Germany's recently introduced 'Blankoverordnung' framework represents a pilot step towards direct access physiotherapy, enabling physiotherapists to independently determine treatment for shoulder pathologies following an open referral from a physician. This article contextualises this development within a broader European landscape, where direct access physiotherapy is already well established in many countries, with demonstrated benefits for patients, physicians, and healthcare systems. Evidence from existing systems — particularly the United Kingdom — shows improved patient outcomes, reduced GP workload, fewer orthopaedic referrals, and cost savings. Key challenges for Germany include the relatively lower minimum educational qualification for physiotherapists and the need for robust safety-netting mechanisms. Findings from ongoing research at Hochschule Fresenius in Hamburg suggest the initiative is well received, particularly among academically qualified practitioners. A phased, evidence-based expansion, accompanied by alignment of educational standards with European counterparts, may offer the most realistic pathway for Germany towards a comprehensive direct access physiotherapy system.

Keywords: direct access physiotherapy; Blankoverordnung; Germany; musculoskeletal; physiotherapy; healthcare reform; first contact practitioner; interprofessional collaboration.

Musculoskeletal conditions make up a significant healthcare burden across Europe, including Germany. In Germany, every third patient visit to GP or specialist services each year is due to musculoskeletal issues, with the loss in productivity and labour output due to musculoskeletal issues accounting for up to 1% of German GDP. The impact on hospitals is considerable, with 9% of inpatient admissions due to orthopaedic disorders.[1] This puts strain on physicians and the systems in which they work. As Europe's population ages, and the prevalence of these conditions rises accordingly, new ways to adapt are always welcome.

Physiotherapy is a cornerstone in the management pathway of virtually every musculoskeletal condition, and one way in which Europe is tackling the increased demands is through direct access physiotherapy. Direct access physiotherapy means a patient can refer themselves to a physical therapist without a prescription or referral from a doctor. In 2013 this was available in over half of EU countries,[2] and the World Physiotherapy Report showed that 67% of member states in the Europe region had some form of direct access systems in 2024.[3] Physiotherapy in Germany is legally classified as an allied health care profession which works alongside medical guidance and diagnostics provided by physicians.[4] Recently Germany has implemented 'Blankoverordnung', which is the new framework towards a direct access physiotherapy system in the country. The implementation of the so-called 'Blankoverordnung' (literally meaning "blank prescription") expanded the understanding of this role by creating new areas of responsibility for physiotherapists. It provides a compromise which respects both the decision-making authority of the physician and the autonomy of physiotherapists.[5] 'Blankoverordnung', as the name suggests, essentially implies that the therapist can choose the treatment they feel is appropriate for the presenting symptoms following an open referral from the doctor, rather than following the doctor's exact directions.[4]

The 'Blankoverordnung' is currently solely available to patients with shoulder pathologies and still requires a prior GP visit to get a prescription for physiotherapy. The choice of therapy format, personalisation of treatment as well as frequency of sessions lies with the physiotherapist. All measures chosen by the therapist must still adhere to the established catalogue of guidelines and treatments for the condition. This new legal paragraph enables physiotherapists to apply these treatments independently and without further diagnostics by a physician.[6]

The 'Blankoverordnung' could improve both physiotherapist and patient satisfaction, and similar initiatives in other countries have shown this.[7] Additionally, it could lead to better collaboration between physicians and physiotherapists, which both groups currently find insufficient in Germany, especially in the outpatient setting.[8]

This implementation of a pilot direct access framework represents an important structural change in Germany's healthcare system and is therefore subject to critical discussion in both the medical, political and public spheres. Additionally, the 'Blankoverordnung' leads to a rethink of defined roles within the German healthcare system. This has led to a wide discourse among various experts and stakeholders. The idea is particularly challenged due to the level of education required to practise physiotherapy in Germany, which is lower in contrast to most of our European counterparts.[9][10][11] Across the World Physiotherapy Europe Region, 82% of states require a bachelor's degree as a minimum entry-level qualification in the profession. 13% require a master's degree and 5% require a diploma. Currently, German practitioners are required at minimum to be trained to a diploma level,[3] leading to concerns about potential gaps in understanding of scientific literature and evidence-based practice.[10][11][12]

There has been discussion in Germany about whether the profession should be entirely "academicized" (require a degree from a tertiary educational institution) like other European nations. According to Osterloh[1°] a full academization was not planned in Germany, however subsequent evidence shows that it can benefit the quality of clinical practice and therefore patient care.[11] There are several other topics of discussion in the ongoing debate, and the 'Blankoverordnung' aims to evaluate risks and potential for patients and physiotherapists in Germany. Whether the change ultimately affects clinical outcomes and patient safety is yet to be seen, but some literature has already been published on the subject. A large German multicentre RCT found that pain scores, health outcomes and quality of life were similar across doctor-led and therapist-led treatment groups.[13]

A lack of standardization or sufficient training opportunities both professionally and administratively could complicate the implementation, requiring structural changes at the administrative level. Expanding the scope of 'Blankoverordnung' (e.g. by including additional pathologies) could serve as an educational instrument itself, enabling physiotherapists to apply their own clinical reasoning and evidence-based practice as there is no diagnosis or guidance given by the physician on the referral. However, Reinecke et al. found that academically educated therapists understood and used evidence-based practice more than their non-academically educated counterparts.[11] Therefore, bringing the minimum entry qualification in physiotherapy to bachelor's level may be a necessary first step before expansion of 'Blankoverordnung'.

Germany lags behind its European neighbours when it comes to physiotherapist autonomy (Table 1 demonstrates how Germany compares in several areas of physiotherapy practice compared to other nations). To further understand the impact that the 'Blankoverordnung' may bring in our future, we can take notes from existing practice in some of them, where direct access systems have already been established for years. The National Health Service (NHS) in the United Kingdom is an example; in which a well-developed and widely implemented system exists. Here, highly specialised physiotherapists often act as the first point of contact for patients in the healthcare system presenting with a musculoskeletal issue. They are known as First Contact Practitioners (FCP), providing not only diagnosis and management but often also analgesic prescriptions, injection therapy and referral for imaging without the need to see a doctor. They can also issue sickness certificates and make onward referral to specialists like orthopaedists or rheumatologists.[14] Patients in many areas can also use an online or telephone service to refer themselves directly to a physiotherapist simply by answering a few questions about their condition. One British pilot cluster RCT showed that 90% of patients needing physiotherapy at selected practices used the direct access pathway, with no increase in physiotherapy waiting times, no safety issues and similar clinical and cost outcomes to those who accessed standard GP-led care.[15] Similar findings on clinical and cost outcomes across different nations have since been found in a systematic review published this year, which also shows reduced GP consultations and analgesic medication use.[16]

The impact of these findings is significant for physicians. Considering the large percentage of presentations to doctors stemming from musculoskeletal issues, direct access physiotherapy can significantly free up physician appointment capacity without compromising on patient care or costs. In 2021, an economic analysis was published in the UK which showed significant cost savings from direct access physiotherapy.[17] Much of the clinical and cost benefit in these studies is a result of reduced GP workload. While most patients seek initial care from their GP,[18] there could also be a knock-on effect for hospital specialists. Many musculoskeletal presentations to primary care will lead to onward referral to pain clinics, orthopaedics, neurology, rheumatology and other specialist services. Early physiotherapy could potentially reduce this. Freeing up GP time to focus on more complex patients, who will continue to see their GP even when a direct access physiotherapy system is available,[18] poses another benefit for medical specialists in emergency and hospital inpatient departments. When GP capacity is overstretched, patients who cannot get appointments often present to hospitals leading to further strain on emergency room and secondary care capacity. It is also noteworthy that the 2026 systematic review mentioned above also found reduced use of imaging,[16] which would therefore also reduce radiologist workload.

Physiotherapy, as an allied healthcare profession, arguably goes most together with the specialist field of orthopaedics. One of the most significant backlogs in this specialty is joint replacement surgery. In the UK, a pilot study showed that hip and knee replacement referrals reduced by 40% when physiotherapists were the first point of contact.[19] Similar findings have since been found in Sweden,

showing reduced progression to joint replacement in those who undergo first-line education and exercise therapy.[20]

There are also repercussions for occupational medicine specialists. It is often forgotten that healthcare professionals themselves are burdened by musculoskeletal issues. In the NHS, these are the second-highest cause of sickness-related absence.[21] This leads to short-staffing, cancelled patient care and poorer staff quality of life, as well as significant costs for healthcare authorities. In consultation with the British Faculty of Occupational Medicine and Society of Occupational Medicine, several NHS organisations in the UK have introduced fast-track direct access physiotherapy as a benefit for staff members.[21] This has directly shown evidence of a reduction in staff sickness and absence in several hospitals across the country. The UK Parliament noted a case in which an occupational health physiotherapy programme led to a 40% drop in missed working days and £170,000 in savings for the organisation.[22]

With respect to patient and provider satisfaction, this seems generally consistent across studies and reviews. A scoping review found that patients find the pathway acceptable and it leads to better wellbeing and quality of life, shorter waiting times and often better clinical outcomes. It also found that providers noted higher patient compliance and often better decision making.[7]

Work is already in progress to study whether similar perceptions exist in Germany. Physio Deutschland is currently running a patient and practitioner survey to evaluate views on the new initiative.[23] Furthermore, at Hochschule Fresenius in Hamburg, we are investigating how physiotherapists perceive its impact on their professional identity and interdisciplinary collaboration. This builds on the scoping review by Cornett et al. which explores the link between professional identity, quality of work outcomes and greater willingness to take on new challenges.[24] Our initial findings show that the new implementation is generally well received, although this appears to apply more to physiotherapists with academic qualifications or greater professional experience. Given that most German practitioners hold diplomas, this would only benefit a minority of those in the profession. Furthermore, we find that physiotherapists criticise the lack of uniform guidelines for the new system, increased administrative workload and difficulty in adapting the changes to different settings.

Further work will be needed to ensure clear “safety-netting”, i.e. recognition and appropriate management of medical red flags. This includes conditions that require urgent medical assessment, such as cauda equina syndrome and malignancies. In countries where established direct access systems exist, there are already strict systems in place for this. In the UK for example, there is a multi-layered safety approach. Right from the moment a patient fills out a consultation request, the form asks the patient if they are experiencing any red flag symptoms. If so, they are advised not to continue and then to contact a doctor urgently. Then, all referrals are reviewed by a triage team, involving a trained healthcare professional. They will signpost them to the more appropriate service if they feel physiotherapy is not the right first point of contact. First contact physiotherapists are trained to a master’s level competency prior to being allowed to practise in the role. In Germany, it will be fundamental to ensure that a similar safety-netting strategy is built into the fabric of the framework before the scope of autonomy is widened. Under the system currently, as mentioned previously, the patient must still get a “blank prescription” for physiotherapy from the doctor. At this point, they will act as a red-flag filter before the patient sees the therapist.

This is particularly important from an interprofessional perspective. It is important that while roles are clearly defined, professionals work together rather than in parallel. Rather than simply taking over tasks from physicians, physiotherapists are working with them to provide more timely and

optimised care. In order to ensure smooth communication, different healthcare professionals use a combination of multidisciplinary team meetings, shared electronic patient records and direct consults with each other. For example, in a family practice where the UK-based author of this article was once based, there would be lunchtime "huddles", where all healthcare professionals in the clinic would meet and discuss cases. Additionally, as with most family practices, there would be a doctor on call each day. There was an established process that the clinic's physiotherapist could contact the duty doctor with any medical queries if needed. This not only encourages the positive sharing of workload and patient care, but also adds a layer to the safety net. Patients could also be referred back by the physiotherapist to be seen by the physician on the same day, if they felt a medical assessment was required.

Conclusion

In summary, the 'Blankoverordnung' could strengthen physiotherapists' professional role in Germany while improving patient outcomes, but it is limited by regulatory and educational challenges. Ongoing research and model projects will be needed to clearly identify the clinical and experiential impact.

Given the precedent already set by many of our European counterparts, we know that direct access physiotherapy brings a proven benefit to patients, healthcare providers and society as a whole. Knowledge sharing across Europe means that we can borrow ideas from each other, especially when these ideas are grounded in evidence. An adjustment of the educational curriculum and qualification requirements in line with the rest of Europe is likely required, though this is unlikely in the short term. A gradual, phased implementation with ongoing evidence-based review is more realistic to create a path to a direct access system in Germany and therefore align with European and international standards.

Declarations

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