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Reimagining Territorial Rehabilitation: A Modern Framework for Physiotherapy Practice in Chronic Disease Management

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Abstract

Background

Italy is undergoing a profound transformation in the management of chronic diseases, driven by demographic aging, increasing multimorbidity, and the territorial reorganization introduced by Ministerial Decree 77/2022. Despite these developments, rehabilitation pathways remain constrained by regulations that require physician-led access and repeated formal transitions between outpatient, community, and home-based settings. This structure limits continuity, delays treatment initiation, and hinders the integration of physiotherapists, professionals whose role in chronic care is strongly supported by international evidence.

Material and methods

This article analyzes the misalignment between current Italian rehabilitation regulations and modern territorial care models, proposing an operational framework that enhances physiotherapists' responsibilities, improves continuity of care, and reduces bureaucratic barriers for patients with chronic conditions.

A narrative, evidence-informed approach was adopted, integrating national regulatory documents, Italian rehabilitation guidelines, international territorial physiotherapy models, and emerging Italian experiences. The aim was to construct an interpretative framework capable of supporting organizational redesign rather than producing quantitative estimates.

Results

The review highlights that the current requirement for repeated PRI formalization fragments care pathways and is inconsistent with the principles of continuity and proactivity promoted by Ministerial Decree 77/2022. Evidence indicates that, in stabilized chronic conditions, the Individual Rehabilitation Project should remain unique and updated over time, while transitions between settings should be managed through the Rehabilitation Program. International models demonstrate that physiotherapist-led assessment, monitoring, and adjustment of rehabilitation plans improve timeliness, diagnostic efficiency, patient satisfaction, and resource allocation. Italian pilot experiences

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confirm the feasibility of physiotherapist-led territorial management and its positive impact on functional recovery and service efficiency.

Conclusions

Aligning Italian rehabilitation regulations with territorial care principles requires redefining operational responsibilities and enabling physiotherapists to ensure continuity of care for chronic patients. The proposed framework supports proactive, integrated, and person-centered rehabilitation, contributing to system sustainability and facilitating the full implementation of Ministerial Decree 77/2022.

Introduction

Over recent decades, the epidemiology of chronic diseases has undergone a significant transformation. Rising life expectancy, advances in medical care, and improved survival following complex acute events have led to a steady increase in the number of individuals living with chronic conditions and varying degrees of disability (1–3). This phenomenon is particularly evident in Italy, which has the oldest population in Europe, with the highest proportion of people aged 80 and above (nearly 8%) and the highest median age, 49.1 years, in the EU (4). This demographic scenario makes it essential to reflect on the sustainability of current models of rehabilitative care.

Rehabilitation, and specifically the contribution of physiotherapists, plays a central role in the management of chronic diseases (5,6). Timely, continuous, and appropriate interventions improve functional capacity, reduce the risk of exacerbations, prevent loss of autonomy, and help contain both healthcare and social costs (7,8). Numerous international studies demonstrate that physiotherapy is among the most effective interventions for maintaining quality of life in people with chronic conditions, especially when integrated into territorial and home-based care pathways (9,10). In this context, the physiotherapist is not merely a provider of treatments but a professional capable of assessing, guiding, monitoring, and coordinating the rehabilitative process throughout the course of the disease.

In recent years, Italy has been undergoing a profound transformation in its approach to chronic care management. The reforms introduced by Ministerial Decree 77/2022 - through the establishment of Community Health Centers, Community Hospitals, territorial Primary Care structures, and proactive care models - aim to overcome service fragmentation and ensure continuity of care throughout the entire patient journey. The stated objective is to build a system capable of identifying needs early, accompanying patients over time, and integrating medical, rehabilitative, and social interventions. However, this evolution clashes with rehabilitation regulations still anchored to outdated models. The current regulatory framework - from Italian Law 42/1999, which established the definitive overcoming of the auxiliary nature of physiotherapists, to Italian Law 251/2000, which reaffirmed the health professions' autonomy and responsibility, and the operational practices consolidated within Italian health authorities - maintains a strong physician-led management as a mandatory preliminary step for accessing rehabilitation services and for every transition between care settings. This approach, conceived in a different historical context, is now inconsistent with the principles of continuity, proactivity, and longitudinal care promoted by Ministerial Decree 77/2022.

This regulatory misalignment hinders a true paradigm shift in territorial rehabilitation. Care pathways continue to be managed in silos, with separate settings (outpatient, territorial, home-based) that do not communicate effectively and require repeated formal transitions, rather than functioning as a transitional care model, dynamic, adaptive, and responsive to the evolving

needs of chronic patients (11,12). As a result, treatment initiation is delayed, assessments are duplicated, interdisciplinary integration is limited, and the system struggles to ensure continuity and timeliness.

Scientific evidence confirms that a different model is both possible and effective, as demonstrated by long-term, multidisciplinary, territorial-based rehabilitation programs that significantly improve autonomy, balance, quality of life, and psychological well-being in adults with chronic conditions (9,13,14). These findings, together with evidence showing that fragmented pathways and redundant steps hinder continuity of care in the Italian system and that interprofessional territorial approaches enhance functional and psychosocial outcomes, highlight that truly integrated territorial rehabilitation is far more capable than episodic, siloed models of addressing the complex and evolving needs of chronic patients (15–17). In light of this evidence, it is increasingly urgent to align Italian rehabilitation regulations with modern territorial care models, enhancing the role of physiotherapists, reducing bureaucratic barriers, and promoting care pathways that are genuinely continuous, appropriate, and patient-centered.

DISCUSSION

In Italy, current Rehabilitation Guidelines and regulatory frameworks continue to center the rehabilitative process on the Individual Rehabilitation Project (PRI), a document requiring assessment and formalization by a physician. This structure reflects a historical biomedical model oriented toward closed, prescriptive pathways and has resulted in a system where the PRI is considered indispensable for every access or transition between outpatient, community, and home-based settings. In practice, this reliance on repeated formal steps fragments continuity of care and delays treatment initiation.

A key issue concerns the actual function of the PRI. National guidelines indicate that the PRI is necessary primarily when interdisciplinary management is required, namely when multiple professionals are involved and complex objectives must be coordinated. In stabilized chronic conditions, however, the PRI should remain unique and updatable over time, rather than being rewritten at each transition. The guidelines further clarify that the Rehabilitation Program is the operational act that translates PRI objectives into concrete, modifiable, and adaptable interventions. Therefore, during transitions between settings, it is the Rehabilitation Program, not the PRI, that must be updated, as the project remains stable while the program adapts to evolving clinical needs and contextual factors. Moreover, in non-complex chronic cases, characterized by circumscribed functional needs and clinical stability, care could be initiated directly through the Rehabilitation Program, without the need to draft a formal PRI (15,17).

This distinction has important implications for territorial rehabilitation. Transitions between settings, central to chronic care pathways, can be managed more efficiently by physiotherapists, who are responsible for implementing, monitoring, and adjusting the Rehabilitation Program. This operational redefinition does not diminish the physician's role but aligns professional responsibilities with the principles of continuity, proactivity, and integration promoted by Ministerial Decree 77/2022. Within this framework, direct access to physiotherapy for chronic patients, especially if already assessed and in possession of a PRI, emerges as a natural evolution of territorial care. Requiring physician consultation for every new intervention or transition is clinically unnecessary and organizationally inefficient. Evidence from international models and the Italian experience of the Community Physiotherapist demonstrates that physiotherapist-led management of chronic conditions is safe, effective, and fully consistent with territorial care reform (18).

Several organizational models in Italy and across Europe have already embraced approaches aligned with the dynamic nature of chronicity. The Community Physiotherapist represents the

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most advanced Italian example, integrating functional assessment, early intervention, therapeutic education, and continuous adjustment of the Rehabilitation Program within a proximity-based territorial role. Similar philosophies underpin Irish Community Physiotherapy Teams, UK Primary Care Physiotherapists and First Contact Practitioners, Scandinavian triage system, and Dutch Transitional Care Physiotherapy (19–23). These models consistently demonstrate improvements in diagnostic efficiency, timeliness of care, and reduction of unnecessary referrals to physicians. Importantly, they show that physiotherapists can effectively absorb a substantial portion of functional and mobility-related needs, allowing general practitioners to focus on complex or acute cases requiring medical expertise. Despite contextual differences, these models converge on a shared principle: effective territorial rehabilitation requires empowering physiotherapists to ensure continuity of care, adjust rehabilitation plans, and manage transitions, reducing dependence on formal procedures and fostering proactive, integrated, person-centered care. Emerging Italian experiences mirror these trends. Within community-based structures, physiotherapists have shown the ability to enhance patient satisfaction, accelerate functional recovery, and contribute to more efficient use of healthcare resources. These results suggest that physiotherapists can play a pivotal role in primary and territorial care without replacing physicians, but rather complementing their work through targeted management of non-medical functional needs. However, systemic barriers persist: communication pathways among professionals remain inconsistent, access to physiotherapy services varies across regions, and the absence of standardized territorial rehabilitation models limits scalability. Furthermore, current regulations continue to constrain physiotherapists to predominantly executive roles, hindering full integration into primary care and limiting the potential benefits observed internationally (24).

It is precisely in light of these critical issues that it becomes useful to examine more mature international models, which offer valuable operational guidance for overcoming Italian barriers and consolidating the experiences already emerging within the territorial system. Two operational modalities are particularly relevant and fully transferable to the Italian context outlined by Ministerial Decree 77/2022. The first concerns immediate functional consultation within the care team, activated when the general practitioner or another territorial professional identifies a motor or functional need. In these cases, the physiotherapist intervenes directly in the same setting and at the same time, performing a timely assessment and contributing to the definition of the care plan. The second operational modality concerns the direct routing of the patient to the physiotherapist, activated when the need reported by the citizen falls within predefined and shared criteria within the team. This process involves a rehabilitation triage managed through checklists that define the physiotherapist's scope of competence and allow appropriate cases to be directed straight to the professional, without preliminary medical steps. In the new model of the Italian territorial system, rehabilitation triage would therefore be activated by the Single Access Point, the general practitioner, the family and community nurse, social services, or directly by the citizen in cases of stabilized chronic conditions. This approach would enable timely initiation of interventions, reduce inappropriate access to medical services, and ensure continuity across long-term care pathways.

The proposed framework for Italy builds on these principles and includes several operational components enabling practical implementation. Functional territorial assessment performed close to the patient allows early identification of needs and timely activation of interventions. Continuous adjustment of the Rehabilitation Program ensures responsiveness to clinical and functional changes, while physiotherapist-led management of transitions maintains continuity across hospital, intermediate care, community, and home. Multidisciplinary integration with general practitioners, family and community nurses, occupational therapists, psychologists, and

social workers supports the development of person-centered pathways capable of addressing complex needs.

In light of this evolving scenario, it is also necessary to intervene on the educational and professional training system. The introduction of new clinically oriented master's degrees for nurses, established by Ministerial Decrees 159/2026 and 177/2026, marks a significant step toward equipping health professions with advanced clinical competencies aligned with emerging territorial care models. These decrees demonstrate a clear institutional commitment to strengthening specialist skills within the healthcare workforce.

Similarly, to support the expanded role of physiotherapists within territorial rehabilitation as outlined by Ministerial Decree 77/2022, it is appropriate to envisage the creation of specialist master's degrees in physiotherapy. Such programs could focus on advanced chronic care management, complex functional assessment, proactive patient engagement, and leadership within interdisciplinary rehabilitation pathways. Structured specialist education would consolidate the competencies required to act as first contact practitioners in non-complex cases, manage transitions for chronic patients with an established PRI, and contribute fully to the development of integrated care pathways, aligning Italian physiotherapy with international standards.

Overall, this framework outlines a territorial rehabilitation model capable of responding to the needs of chronic populations, overcoming pathway fragmentation, and enhancing physiotherapist competencies. Its adoption may improve care quality, reduce redundant assessments, increase intervention timeliness, and contribute to the sustainability of the rehabilitation system consistent with the transformations introduced by Ministerial Decree 77/2022 and aligned with international best practices.

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