ECP Health Clinic — Proposed ACC Treatment Protocol

Clinical Standards, Outcome Measures & ACC Compliance Framework | June 2026

This document sets out ECP Health Clinic's proposed clinical protocols for ACC-funded treatment delivery. It defines patient selection criteria, treatment pathways, outcome measurement, and quality standards aligned with ACC's requirements for evidence-based rehabilitation service provision.

1. Clinic Details & Provider Information

Clinic Name	ECP Health Clinic Ltd
Directors	Luke Barwell and associated directors
Address	4 Fred Thomas Drive, Takapuna, Auckland, New Zealand
Phone	021 130 7914
Email	luke@ecptherapy.nz
Website	www.ecptherapy.co.nz
Services	Enhanced External Counterpulsation (ECP/EECP) Therapy — non-invasive cardiovascular and rehabilitation treatment
Equipment	Medical-grade ECP device; ECG monitoring; blood pressure monitoring; oxygen saturation monitoring

2. Patient Selection Criteria (ACC Injuries)

2.1 Inclusion Criteria — ACC Patients Eligible for ECP

- ACC-accepted claim for personal injury (fracture, soft tissue injury, crush injury, peripheral vascular injury, nerve injury, post-surgical rehabilitation)
- Injury resulting in compromised tissue perfusion, oedema, impaired healing, reduced exercise capacity, or neuropathic symptoms
- Patients who have plateaued on standard physiotherapy or who cannot tolerate active exercise rehabilitation
- GP or specialist referral with documented injury diagnosis
- Age 18+ (assessment required for adolescents 14–17)

• Ability to lie still for 60-minute treatment sessions

2.2 Exclusion / Contraindication Criteria

Contraindication	Rationale	Clinical Screening Tool
Severe aortic valve regurgitation	ECP diastolic augmentation may worsen regurgitant flow	Echocardiogram or specialist report
Active deep vein thrombosis (DVT) or thrombophlebitis	Cuff compression may mobilise thrombus	Doppler ultrasound; clinical assessment
Aortic aneurysm (>4cm)	Risk of rupture with haemodynamic augmentation	CT report or ultrasound
Significant arrhythmia or uncontrolled AF	ECG synchronisation unreliable	12-lead ECG; cardiology clearance
Pregnancy	Haemodynamic changes contraindicated	Pregnancy test / clinical history
Severe uncontrolled hypertension (>180/110 mmHg)	Risk of haemodynamic stress	Resting BP measurement
Open wounds or skin infections at cuff sites	Infection risk; direct contraindication	Physical inspection
Active haemorrhage or anticoagulation with INR >3.5	Haemodynamic augmentation may worsen bleeding	Medication review; INR if applicable

3. Assessment & Intake Protocol

Step	Assessment Component	Tool / Method	ACC Documentation
1	GP/specialist referral with ACC claim number and injury diagnosis	Referral letter; ACC claim number	ACC45 or equivalent
2	Clinical history and contraindication screening	Structured intake form; vitals (BP, HR, O2 sat)	Clinical intake record
3	Baseline outcome measures — functional and pain	VAS pain scale; 6-minute walk test (6MWT); SF-36 or Kessler K10	Baseline outcome record

4	Vascular assessment if indicated	Ankle-brachial index (ABI); peripheral perfusion assessment	Clinical assessment record
5	ECG baseline	12-lead ECG; rhythm assessment for synchronisation suitability	ECG record
6	Treatment plan documentation	Defined course (35 sessions); goals aligned with ACC rehabilitation objectives	Treatment plan for ACC file

4. ECP Treatment Protocol

Session duration	60 minutes per session
Session frequency	5 sessions per week (Monday–Friday)
Course length	7 weeks (35 sessions) — standard evidence-based course
Cuff placement	3 pairs of pneumatic cuffs: calves, lower thighs, upper thighs/buttocks
Pressure	Clinician-titrated; typically 200–300 mmHg; adjusted to patient tolerance and blood pressure response
Monitoring	Continuous ECG; intermittent BP; O2 saturation; diastolic augmentation ratio on device display
Patient position	Supine on treatment bed; electrodes applied to chest for ECG synchronisation
Session reporting	Session notes recorded; adverse events documented; outcome measures at session 17 and 35

5. Outcome Measurement Framework

Validated outcome measures will be recorded at baseline, mid-treatment (session 17), and end of treatment (session 35) to demonstrate clinical benefit for ACC reporting:

Outcome Domain	Measurement Tool	Frequency	ACC Relevance
Pain	Visual Analogue Scale (VAS 0–10); Brief Pain Inventory (BPI)	Baseline, Session 17, Session 35	Demonstrates pain reduction — ACC treatment goal

Physical function	6-Minute Walk Test (6MWT)	Baseline, Session 17, Session 35	Objective functional capacity — return to work/independence
Quality of life	SF-36 Health Survey	Baseline and Session 35	ACC outcome reporting; holistic recovery assessment
Oedema	Limb circumference measurement; clinical photographic record	Baseline, Session 17, Session 35	Documents oedema reduction — injury-specific outcome
Fracture healing	Clinician assessment; imaging results from treating orthopaedic team	Referenced from treating clinician	Supports claim for improved fracture outcomes
Psychological wellbeing	Kessler K10 (K10 distress scale)	Baseline and Session 35	ACC mental injury / wellbeing tracking

6. Quality & Safety Standards

- **Clinician qualification:** All ECP sessions supervised by a health professional (registered nurse, physiotherapist, or physician) trained in ECP operation and emergency response
- **Equipment maintenance:** Medical-grade ECP device maintained per manufacturer specifications; annual calibration and safety checks documented
- **Emergency protocols:** Clinic maintains current first aid certification; AED on premises; clear escalation pathway to emergency services
- **Privacy:** All ACC client data held in compliance with the Privacy Act 2020 and Health Information Privacy Code
- **Complaints:** Written complaints procedure available; Health and Disability Commissioner pathway referenced
- **Cultural competence:** Services accessible to Maori and Pacific peoples; korero Maori available if required
- **Continuous quality improvement:** Aggregate outcome data reviewed quarterly; adverse events reported to ACC and Medsafe as required

7. Proposed ACC Funding Request

Service Item	Proposed Rate (NZD+GST)	Rationale	Comparator
Initial clinical assessment + intake (90 min)	$220–$280	Full contraindication screening; baseline outcomes; treatment planning	Comparable to physiotherapy specialist initial consultation

ECP treatment session (60 min)	$75–$95 per session	35-session course = $2,625–$3,325 total	Comparable to targeted physiotherapy session rates; ACC physiotherapy rate ~$40–$60/session but ECP is non-labour-intensive with capital equipment cost
Mid-treatment review + reporting (30 min)	$90–$120	Outcome measurement at session 17; ACC reporting; clinical adjustment	Comparable to physiotherapy review consultation
End-of-treatment report + outcomes (60 min)	$150–$200	Full outcome measurement; ACC rehabilitation report; GP/specialist communication	Comparable to physiotherapy specialist report

COST-EFFECTIVENESS NOTE: A 35-session ECP course at the proposed rates represents approximately $2,900–$3,700 total. This compares favourably against: repeated physiotherapy courses ($3,000–$6,000+); specialist referrals and investigations ($500–$2,000); surgical intervention ($10,000–$50,000+); and prolonged incapacity costs (weekly compensation at 80% income). ECP therapy's documented durable effects (benefits maintained at 5-year follow-up) further strengthen the cost-effectiveness case.

References — Document 6

- *Accident Compensation (Treatment) Regulations 2020 (NZ).*
- *ACC1523 — Specified Treatment Provider Costs, May 2024. acc.co.nz.*
- *ACC32 Prior Approval of Treatment Form. Accident Compensation Corporation.*
- *Health and Disability Commissioner Act 1994 (NZ).*
- *Privacy Act 2020 (NZ) and Health Information Privacy Code.*
- *Tian et al. EECP in cardiac rehabilitation. Cardiology Plus. 2024;9(2):111–119.*
- *Lawson WE et al. EECP for Refractory Angina — 5-year outcomes data. Multiple publications.*