# IS PHYSICAL THERAPY GOING BY THE WAYSIDE?

Joseph Mahon, DPT, SCS

## Is Physical Therapy Going By The Wayside?

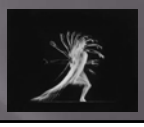
"What gives you the idea we're on a sinking ship?"

## Current Role of Physical Therapy

- Varies from state to state.
- Evolving
- Definition
  - Physical therapy is a dynamic profession with an established theoretical and scientific base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function.

## Current Role of Physical Therapy

- Movement Dysfunction
- Restore, Promote, & Maintain Physical Function
- Fitness & Wellness
- Quality of life
- Prevent onset & progression of functional limitation



## Work Setting

- Hospitals
- Private Practice
- Outpatient Clinics
- Home Health
- Schools
- Sports and fitness
- Work
- Nursing homes
- & More


## Direct Access To Patient Care

- Physical Therapy is an autonomous profession
- No referral required for to be evaluated
  - Restrictions vary by state
- Where? All 50 states + D.C. + Virgin Islands

## History of Physical Therapy

- Technician -> Doctoral Level Education
- History dates to 1900's
  - World War I and Polio Epidemic
- Originally called "Reconstruction Aides"
- A profession within the medical model
- American Physical Therapy Association started in 1921
  - "Cooperating and working under the medical profession"

## History of Physical Therapy

- Polio epidemic grows
- U.S. Enters WW2
- 1946 Hill Burton Act
  - Built Hospitals
  - Increased public access

- Army discontinued training programs
- APTA takes over development of education programs
  - Education level moves towards a bachelors

## History of Physical Therapy

- 1950's marks the move towards autonomy
  - "Self-Employed Section" of APTA formed
  - The Physical Therapy Fund created
- APTA leaves "registration system" under AMA for state licensure
- By 1967, Outpatient physical therapy added to Medicare program

## History of Physical Therapy

- Professional research increases
  - More involvement in neuromuscular disorders
- Orthopedic surgery advances
  - Increasing demand for outpatient therapy
- Scientific and medical advances rapidly progress
  - Physical therapy education centers meet demand

## History of Physical Therapy

- Technician > Bachelors > Masters > Doctorate level
- Diverse curriculum
  - Differential diagnosis, diagnostic imaging, pharmacology, etc..
- Demanding clinical experiences
- Specialty practice
  - Residency and fellowship trained

## Direct Access

- A Threat?
  - Professionally?
  - Society?
- Is direct access appropriate?

## Direct Access

- Leerar PJ, Boissonnault W, Domholdt E, Roddey T. Documentation of Red Flags by Physical Therapists for Patients with Low Back Pain. *The Journal of Manual & Manipulative Therapy.* 2007;15(1):42-49.
  - Appropriate level of red flag screening

## Direct Access

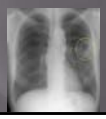
- Boissonault WG, Badke MB, Powers JM. Pursuit and implementation of hospital-based outpatient direct access to physical therapy services: an administrative case report. Phys Ther. 2010;90:100-109.
  - PT management decisions 100% accurate; reviewed by MD
  - No ↑ in malpractice or complaints over 30 years

## Direct Access

- Who are the musculoskeletal experts?
- Childs D, Whitman J, Sizer P, et al. A Description of Physical Therapist's Knowledge In Managing Musculoskeletal Conditions. BMC Musculoskeletal Disorders. 2005: 6:32
  - Managing musculoskeletal conditions
  - PT scores > medical students, physician interns, residents & all physician specialists except Ortho.
  - DPT students > Master's level students
  - Board Certified Specialists (sports & ortho) > Non-Specialists

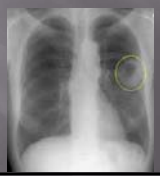
## Ordering Imaging

- Should PTs be permitted?
- Military PTs started in 1972
  - Physician Extenders
  - Two week training; 6 month monitoring
  - Imaging, prescriptions, orders
- Does increase in responsibility = increase in errors?



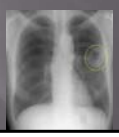
## Ordering Imaging

- James JJ, Stuart RB. Expanded Role for the Physical Therapist. Screening Musculoskeletal Disorders. Phys Ther. 1975;55:121-131
  - No difference in outcomes
  - 50% ↓ ordered imaging
  - High patient satisfaction



## Ordering Imaging

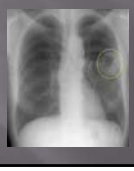
- Moore JH, Goss DL, Baxter RE, et al. Clinical Diagnostic Accuracy and Magnetic Resonance Imaging of Patients Referred by Physical Therapists, Orthopaedic Surgeons, and Nonorthopaedic Providers. *J Orthop Sports Phys Ther.* 2005;35:67-71.
  - PT as accurate as ortho
  - More accurate than non-ortho physicians
  - ↑ Ortho and PT job satisfaction
  - ↑ Patient access to care



## Private Practice vs. Military

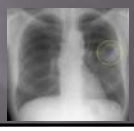
Rundle R, Roberts J, Whitney G, et al. A Comparison Between Civilian and Military Physical Therapist's Knowledge In Managing Musculoskeletal Conditions: A Descriptive Study. *International Journal of Sports Physical Therapy*. 2016;11(1):115-125.

- Military PT > Knowledge
- Certified Specialists > Non-Specialists



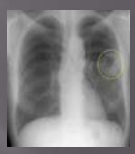
## Ordering Imaging

- State of Wisconsin & Northern California Kaiser Permanente
  - No Litigation
  - No license suspension
- Beyond the U.S.
  - England and Ontario PT's have privileges
  - Imaging & Laboratory Tests



## Ordering Imaging

- Why grant privileges?
  - ↓ Cost to System
  - ↓ use of imaging
  - Less patient appointments
  - Faster Care
  - Patient satisfaction
  - Low risk for abuse
  - Demonstrated ability



## Injections?

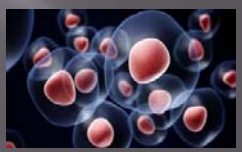
- Maybe Next Session…

## How Will Advances In Medicine Affect Physical Therapy?

- Will technology render PTs obsolete?
- Are PTs the only one's that need to worry?
- What are the biggest threats?
  - Regenerative Medicine
  - Bio-engineering
  - Genomics
  - Telehealth


## Threats to Health Care Professionals

- Profession needs to adapt & has already started
- Form strategic alliances
- Apply current knowledge and skillset
  - Physiologic responses
  - Timed stress
  - Harness intrinsic healing
- But is there even a need?



## Technology

- The short answer is yes…
- Targeted mechanical stimulation
  - Role in dictating cellular function
  - Modulate cells to niche
  - Recruit donor cells to site
  - Stimulate endogenous stem cell activity
- Pt's are movement experts
  - Maximize functional outcomes


## Insurance Limitations

- Greater limitation than technology?
- ↓ reimbursements ↑ paper work
- ↑ patient out of pocket expenses
- Must demonstrate value
  - Utilize technology for cost savings
  - Perhaps to society more than insurance
  - Create demand

## Collaborative Care

- Deep roots within the medical model
- Close relationship with surgeons/MDs
- Working our strengths with like-minded professionals to maximize outcomes
- Adapting to rapidly advancing technology
- Utilizing a multi-disciplinary approach to maximize cost savings and patient satisfaction