



# BRIDGING THE GAP: Embedding Physical Therapists in Primary Care

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# THE FOLLOWING CEU ACTIVITY BROUGHT TO YOU BY THE VA/APTA COLLABORATION



- ▶ To learn more about VA
  - ▶ <https://www.va.gov/health/>
- ▶ To learn more about APTA
  - ▶ <http://www.apta.org/Membership/?navID=10737422526>
  - ▶ <http://federalpt.org/index.cfm>



# VETERAN CRISIS LINE INFORMATION

## Veterans Crisis Line/Chat/Text

- **1-800-273-8255 and Press 1**
- [VeteransCrisisLine.net](https://VeteransCrisisLine.net)
- Text to **838255**



## VA Suicide Prevention Coordinators

- Each VA Medical Center has a Suicide Prevention Coordinator (SPC) to make sure Veterans receive needed counseling and services.
- Find your local SPC at [VeteransCrisisLine.net/ResourceLocator](https://VeteransCrisisLine.net/ResourceLocator)

# COURSE DESCRIPTION



This course will help physical therapists learn how to set-up a Primary Care physical therapy program.

# COURSE OUTLINE



Objectives

Background

Benefits

Challenges

Who is a good fit to work in Primary Care?

Training recommendations

Good Catches & Testimonies

# LEARNING OBJECTIVES



- ▶ Understand the gap that exists in musculoskeletal healthcare
- ▶ Describe what the Primary Care physical therapy model is
- ▶ Explain the benefits of having PTs in Primary Care
- ▶ Recognize the challenges PTs will face in Primary Care
- ▶ Learn which PTs may be the best fit for Primary Care
- ▶ Review training recommendations for those interested in Primary Care





# WHAT IS PRIMARY CARE PHYSICAL THERAPY?



# BACKGROUND



- ▶ What is Primary Care?
  - ▶ Staff – MDs, DOs, C-NPs, PAs, RNs, LPNs
  - ▶ Very busy clinic
  - ▶ Musculoskeletal complaints account for approximately 30% of all walk-in appointments to Primary Care and the top 2 out of 3 complaints are musculoskeletal related (CDC 2017)
  - ▶ Traditional model vs. Team approach



# BACKGROUND



## **2017 CDC Report (based on 2014 data)**

Top 3 reasons for a Primary Care appointment

1. Essential Hypertension – 4.6%
2. Arthropathies and other musculoskeletal related disorders – 3.8%
3. Spinal disorders – 3.8%

**Central Iowa and Sioux Falls VA clinic:** 16 providers x 3 walk-ins per day = 48 walk-ins x 30%  
= **14.4 patients per day** that Primary Care PTs are helping with in Primary Care



# BACKGROUND

1. Low back pain/Sciatica
2. Shoulder pain
3. Neck pain
4. Knee pain
5. Hip pain
6. BPPV/Vertigo
7. Elbow, wrist, hand
8. Ankle pain





# BACKGROUND

## Musculoskeletal Training for Primary Care Providers

**DiCaprio et al. 2003** – Curriculum requirements for musculoskeletal medicine – out of 122 medical school surveyed 47% had NO REQUIRED INSTRUCTION in musculoskeletal medicine. Only 3% devoted more than two weeks.

**Matzin et. al, 2005** – “Seventy-nine percent of the participants failed the basic musculoskeletal cognitive examination. This suggests that training in musculoskeletal medicine is inadequate in both medical school and nonorthopaedic residency training programs.”

**DiGiovanni et. al, 2016** – “Given the high prevalence and burden of musculoskeletal disorders, required experience in musculoskeletal medicine continues to be underrepresented.”

# SUPPORTING EVIDENCE



## Moore et. al 2005 –

Study was designed to compare clinical diagnostic accuracy between PTs, Ortho Surgeons and Non-Ortho providers on patients with musculoskeletal injuries

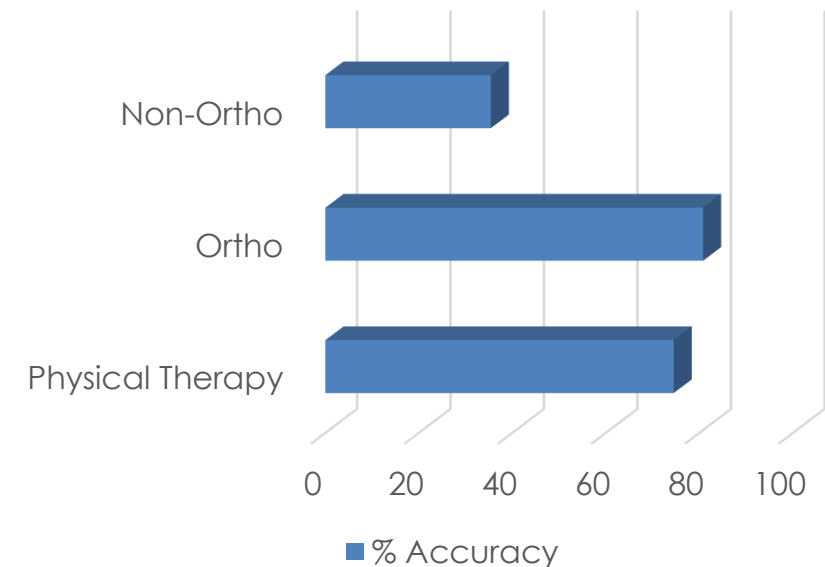
Agreement between clinical diagnosis and MRI

PTs: 108/145 = 74.5%

OSs: 139/172 = 80.8%

NOPs: 86/243 = 35.4%

- Family practice = 35.4%
- ER = 41.2%
- PA's = 29.1%
- Nurse Practitioners = 10.1%



# SUPPORTING EVIDENCE

## **Yin et. al - 2019**

86 patients with shoulder pain, knee OA, hip OA were referred and evaluated by a final year PT student and Ortho surgeons to determine surgical triage.

Agreement was high – 94.2%

Conclusion – “Clinical experience alone may not be prerequisite for physiotherapists to help improve access to Orthopedic care”

\*It's all about the training

# SUPPORTING EVIDENCE



## **McGill et. Al 2013** – PTs vs. Family Practice MDs in Military setting

- Musculoskeletal complaints
- PTs used radiology 11% of cases
- Family Practice used radiology 82% of cases
- PTs used medication 24% of cases
- Family Practice used medication in 90% of cases
- Return to duty was 50% higher for patients evaluated and treated by PTs



# THE ROLE OF PT



Bridge the musculoskeletal gap



# THE PROCESS



- ▶ Physician referral
- ▶ Nursing triage
- ▶ Emergency Department handoff
- ▶ Direct Access
- ▶ Determine appropriateness of referral or treat in clinic



# MODEL



**New Process:** Hypothetical cost for this case: **\$800**  
Time until hands on exam & treatment: **Minutes - Hours**

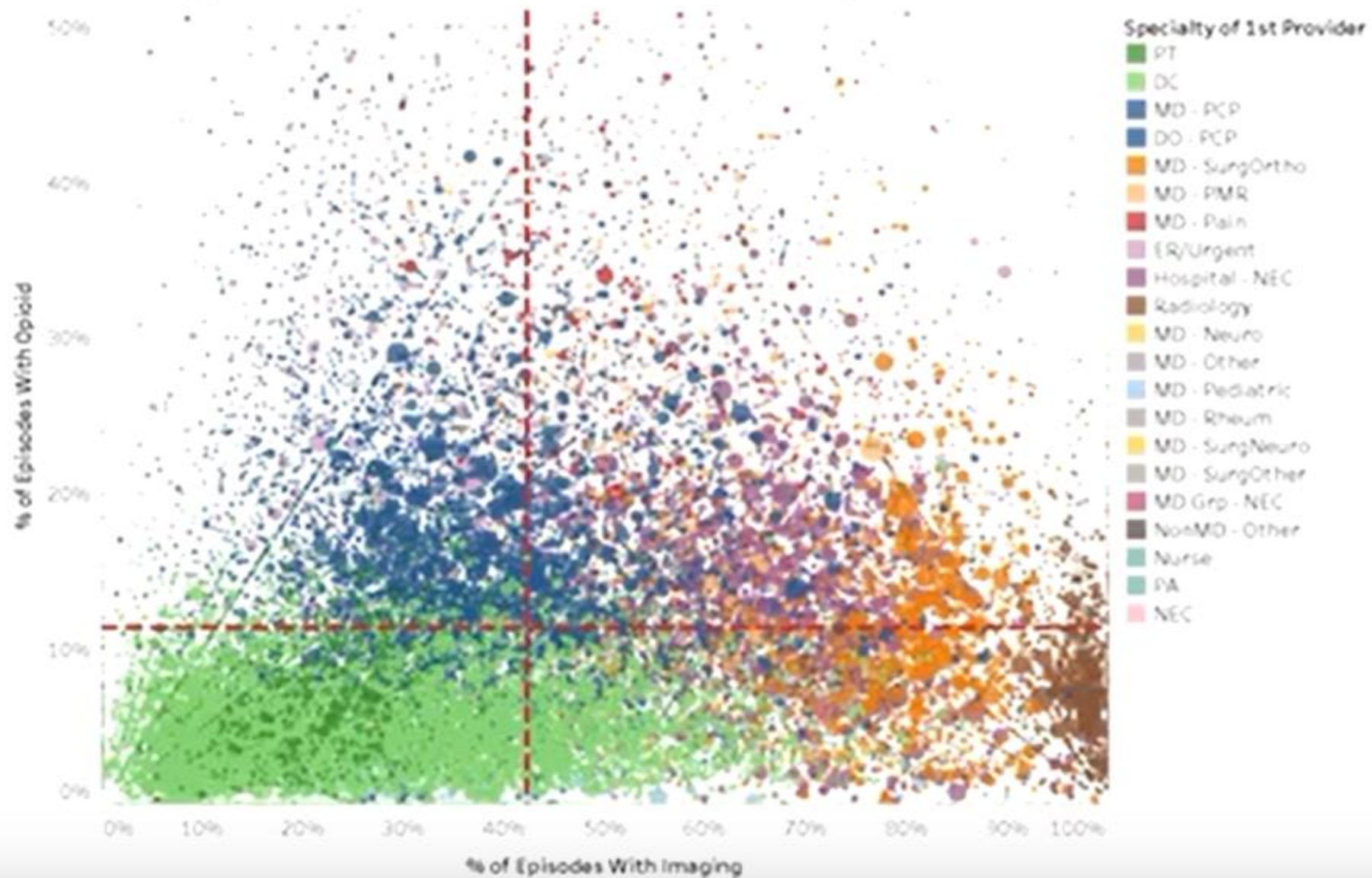


**Old Process:** Hypothetical cost for this case: **\$3000+**  
Time until hands on exam & treatment: **20-30 days**



## Imaging and Opioid Use for Non-Surgical Spine Episodes

27,045 Providers Who Were First Provider For At Least 25 Episodes



Data by Optum Health Services

<https://www.youtube.com/watch?v=vQO5CsuzfRM>



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## SpineX-ray: WHAT YOU CAN EXPECT TO SEE IN YOUR REPORT

Low back pain, neck pain, and headaches are common conditions that impact the Veteran population. Frequently, Veterans with these conditions obtain an x-ray as part of the evaluation process. While imaging can provide valuable information, often times patients are surprised and concerned about the findings in their report. For this reason, we feel that it is important for you to understand some common terms frequently found in reports. It is important for you to also know that x-rays do **NOT** show us how you feel, they only provide a picture of how your bones look. Therefore, a provider needs to perform an exam before the x-ray findings can be interpreted or related to your pain.



### ATTEND OUR CLASS!!

If you are interested in understanding more about your imaging findings please consider attending our class:

#### *Understanding Your Imaging*

**Where:** Building 7M  
Room 101

**When:** 3<sup>rd</sup> Wednesday of each month from 1100-1200.

**How to schedule:** Please call 515-699-5815 to schedule to attend the class.

### Common Terms You Will See in Your Report:

1. Disc Degeneration
2. Disc Height loss
3. Facet hypertrophy/ degeneration

**Summary:** The findings above are frequently summarized as mild, moderate, and severe degenerative changes of the spine. However, the terms above are found in nearly 90% of patients 60 years of age and older who have no pain. They are also present in greater than 50% of patients age 30-39 that have no pain. For this reason, these findings can be normal age-related changes and unrelated to your pain presentation.

Brinjikji W. et al American journal of Neuroradiology 2014

## Spine MRI: WHAT YOU CAN EXPECT TO SEE IN YOUR REPORT

Low back pain, neck pain, and headaches are common conditions that impact the Veteran population. Frequently, Veterans with these conditions obtain an MRI as part of the evaluation process. While imaging can provide valuable information, often times patients are surprised and concerned about the findings in their report. For this reason, we feel that it is important for you to understand some common terms frequently found in reports. It is important for you to also know that MRI's do **NOT** show us your symptoms or how you feel. They only provide a picture of your tissues. For this reason, a provider will have to use the information that they have obtained during your visit with them to interpret the results.



### ATTEND OUR CLASS!!

If you are interested in understanding more about your imaging findings please consider attending our class:

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### Common Terms You Will See in Your Report:

1. Disc bulge/ protrusion
2. Decreased disc signal intensity
3. Disc degeneration
4. Disc height loss
5. Facet hypertrophy/ degeneration

**Summary:** The findings above are frequently summarized as mild, moderate, and severe degenerative changes of the spine. However, the terms above are found in nearly 80% of patients 60 years of age and older who have no pain. They are also present in greater than 50% of patients age 30-39 that have no pain. For this reason, these findings can be normal age-related changes and unrelated to your pain presentation.

Brinjikji W. et al American journal of Neuroradiology 2014

# ROLE OF PT



- ▶ Differential diagnosis and decision making
  - ▶ mechanical and non-mechanical pain
  - ▶ serious musculoskeletal problem vs. a common problem
  - ▶ determine whether imaging is needed or not
  - ▶ Treat or refer?





# ROLE OF PT



- ▶ Education
  - ▶ Diagnosis, imaging results, prognosis, home recommendations, etc.
  - ▶ Advocate for movement and healthy lifestyle choices
- ▶ Interventions
  - ▶ Manual therapy
  - ▶ Therapeutic exercises
  - ▶ Home management plan
- ▶ Follow-up as needed or facilitate referral to other clinics
  - ▶ Follow-ups
    - ▶ Guide the patient back to recovery
    - ▶ Abbreviated visits – 15-30minutes



# ROLE OF PT

Primary Care Physical Therapy is not:

- ▶ Chronic pain clinic
- ▶ Outpatient physical therapy clinic
- ▶ Post surgical clinic
- ▶ Walk-in clinic for treating cough, cold, and flu symptoms



# WHAT DO PHYSICAL THERAPISTS IN PRIMARY CARE DO?



- ▶ Access (for both patient and provider)
  - ▶ Curb-side consultation
  - ▶ Direct access
  - ▶ Face to face
- ▶ Acute evaluations
  - ▶ Onset <2-3 months
- ▶ Streamline service
  - ▶ Immediate evaluation
  - ▶ Follow-up in outpatient clinic PRN



# WHAT DO PHYSICAL THERAPISTS IN PRIMARY CARE DO?



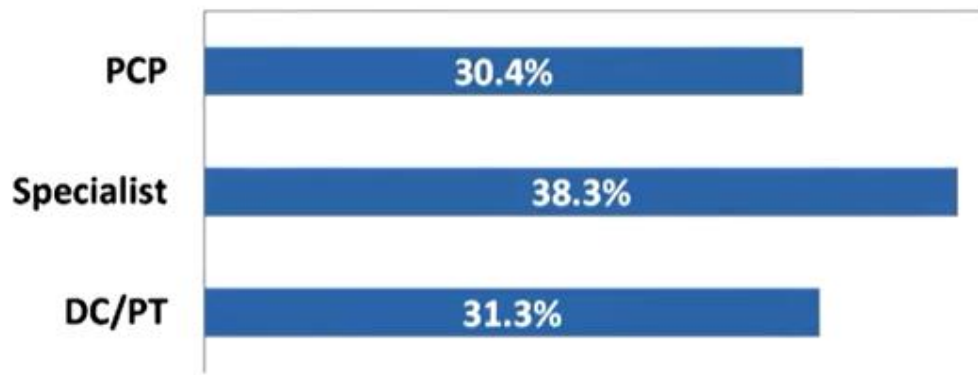
- ▶ Determine imaging necessity
- ▶ Referral to specialty clinics
- ▶ Prevent acute conditions from becoming chronic



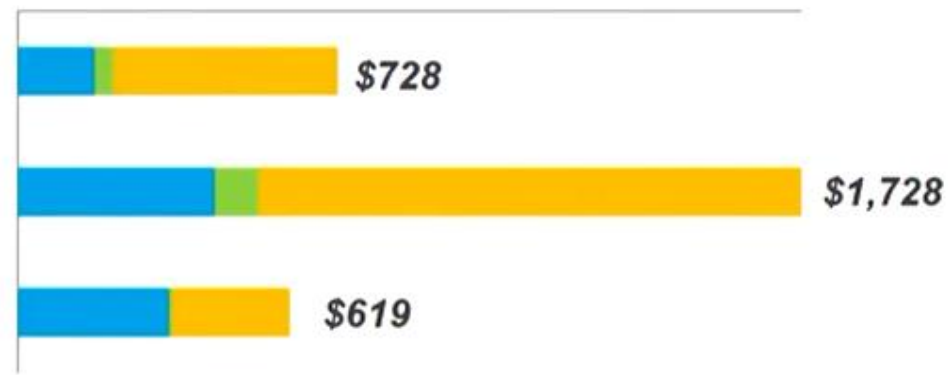
# COST BENEFIT



*% of Patients*



*Total Episode Cost*



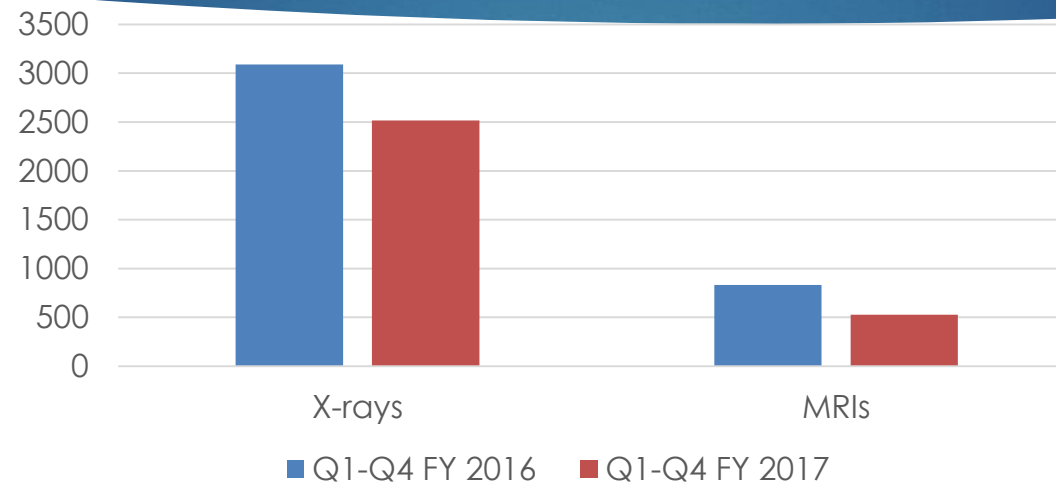
COST FROM FIRST PROVIDER SEEN

COST FROM OTHER PROVIDERS THAT  
PRACTICE WITH FIRST PROVIDER

COST FROM SERVICES FROM OTHER  
PROVIDERS FOR THE SAME EPISODE/CONDITION

# DECREASE RADIOLOGY

## Primary Care Musculoskeletal Radiology Orders



Decreased **X-rays** by **571**  
Decreased **MRIs** by **308**  
when compared to Q1-Q4 FY2016

**Result:** Improved access to radiology

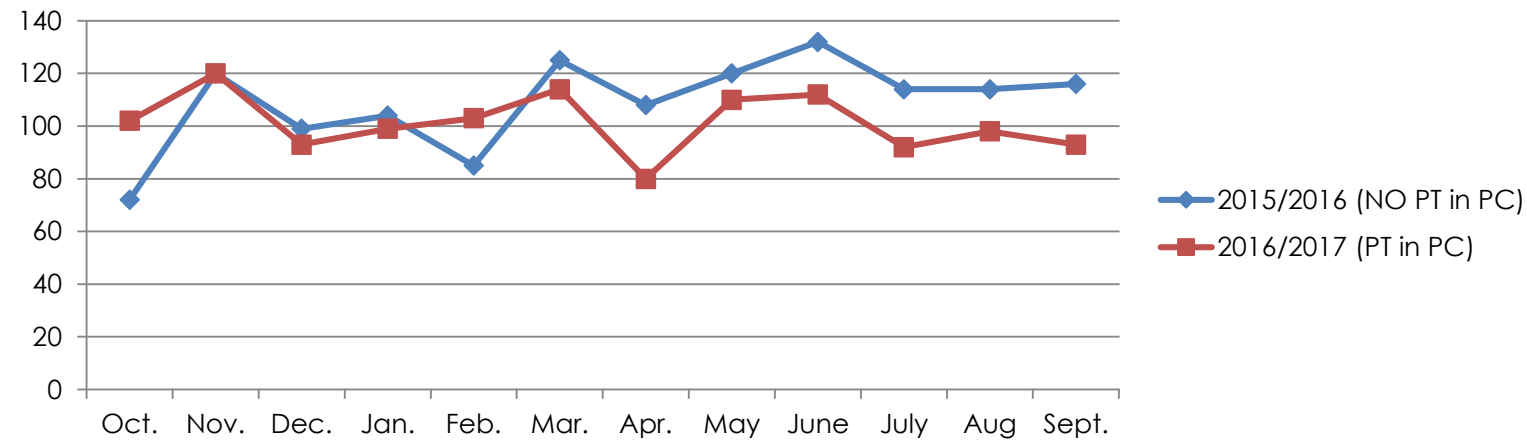
Data received from Radiology Administrative Officer, cost data obtained from VA Central Finance Office



# DECREASED SPECIALTY CONSULTS



## ► Consults from PC to Orthopedics - SFVA



# TESTIMONIES



“Having the availability to have a patient evaluated quickly certainly cuts down on unnecessary imaging and gives patients the immediately needed diagnosis and treatment plan. I also appreciate receiving IM’s afterwards alerting me to any special findings or further needs of the patient.”

“I love having PACT PT available, particularly for the acute walk-ins. It takes a huge burden off of the PCP.”

“It’s a great asset to our team.”

“This program has been beneficial in getting timely care, for acute musculoskeletal issues, both with evaluation and with prescribing a treatment plan. It is a system focused and complete exam, and it has been instrumental in evaluating the need for more complicated problems or a goal directed need for advanced diagnostic studies, treatment plans or specialist services.”



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# TESTIMONIES



- ▶ “I think it’s awesome having PT here, and I probably use him more than most. I love that PT is so readily accessible, which makes it easier to convince (not exactly the right word) patients to go”
- ▶ “The physical therapist in Primary Care has helped the Veterans get the care they need when they need it most. Veterans are very pleased to be seen the same day and leave Primary Care with the tools they need to treat their pain before they travel home.”



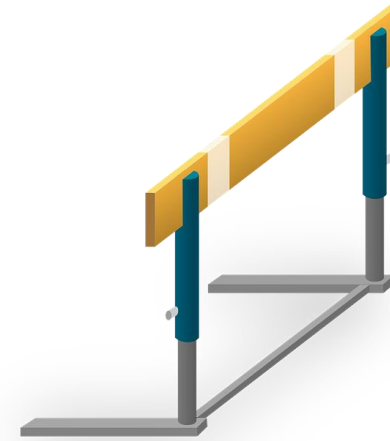
# BENEFITS SUMMARY

- ▶ Primary Care PT program will provide an opportunity to:
  - ▶ Decrease wait time for thorough, hands on, musculoskeletal exam
  - ▶ Decrease medications dispensed by the Primary Care providers
  - ▶ Decrease radiology orders
  - ▶ Decrease specialty consults to Orthopedics and Neurosurgery
  - ▶ Decrease number of follow-up physical therapy visits
  - ▶ Improved public perception of the physical therapy profession
  - ▶ Increase responsibility and value of the physical therapist within the front line hospital setting
  - ▶ High Primary Care Provider satisfaction
  - ▶ **MOST IMPORTANTLY:** return your patients to meaningful life activities without unnecessary steps in the process

# BARRIERS



- ▶ Space
- ▶ Staff
- ▶ Education of process
- ▶ Burnout



Each program is different, results should be the same.

# WHO WOULD BE A GOOD FIT?



Knowledgeable, experienced, comfortable with musculoskeletal examinations and treatment

Confident

Independent but collaborative

Enjoys a fast paced environment

Manages time effectively

Has to be passionate about this program and PT profession!





# WHO WOULD BE A GOOD FIT?



Personality

Work ethic

Training

Textbooks



## **Recommended textbooks**

“Primary Care for the Physical Therapist” – William G. Boissonnault

# CASE EXAMPLES



## Todd vs. Gordon

- Lumbar radiculopathy

## Richard

- Knee pain
- 50 year old male
- Low speed MVA
- Struck by bumper

## George

- Neck pain
- 75 year old male
- “Normal” DJD
- Prostate cancer hx

## John

- Shoulder pain

# SUMMARY



- ▶ If implemented appropriately with the right space and staff the model of PT in PC will positively impact:
  - ▶ **Patients**
  - ▶ **Primary Care Providers**
  - ▶ **Physical Therapists**
  - ▶ **Other Departments:**
    - ▶ **Orthopedics**
    - ▶ **Radiology**
    - ▶ **Neurology**
    - ▶ **Pharmacy**



# RESOURCES



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- ▶ Boyles, R.E., Gorman, I., Pinto, D., & Ross, M.D. (2011). Physical Therapist Practice and the Role of Diagnostic Imaging. *Journal of Orthopaedic and Sports Physical Therapy*, 41(11), 829-837.
- ▶ Childs, J., Whitman, J.M., Sizer, P.S., Pugia, M.L., Flynn, T., & Delitto, A., (2005). A description of physical therapists' knowledge in managing musculoskeletal conditions. *Journal of Musculoskeletal Disorders*, 6, 32
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- ▶ Liddle, S.D., Gracey, J.H., & Baxter, G.D. (2007). Advice for the Management of Low Back Pain: A systematic review of randomized controlled trials. *Journal of Manual Therapy*, 12, 310-327.
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# RESOURCES



- ▶ Deyo, R., Mirza, S., Turner, J., & Martin, B. Overtreating chronic back pain: Time to back off? *Fam Med and The Health Care Sys.* 2009;22(1):62-68.
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- ▶ Yin, D., Cabana, F., Tousignant-Laflamme, Y., Bedard, S., & Tousignant, M. (2019). Can a Physiotherapy student assume the role of an advanced practice physiotherapist in Orthopaedic Surgery Triage? A prospective Observational Study. *BMC Musculoskeletal Disorders*, 20 (498), 1-8

# QUESTIONS



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VISN 23 PT Embedded in PC Initiative Co-Chair

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