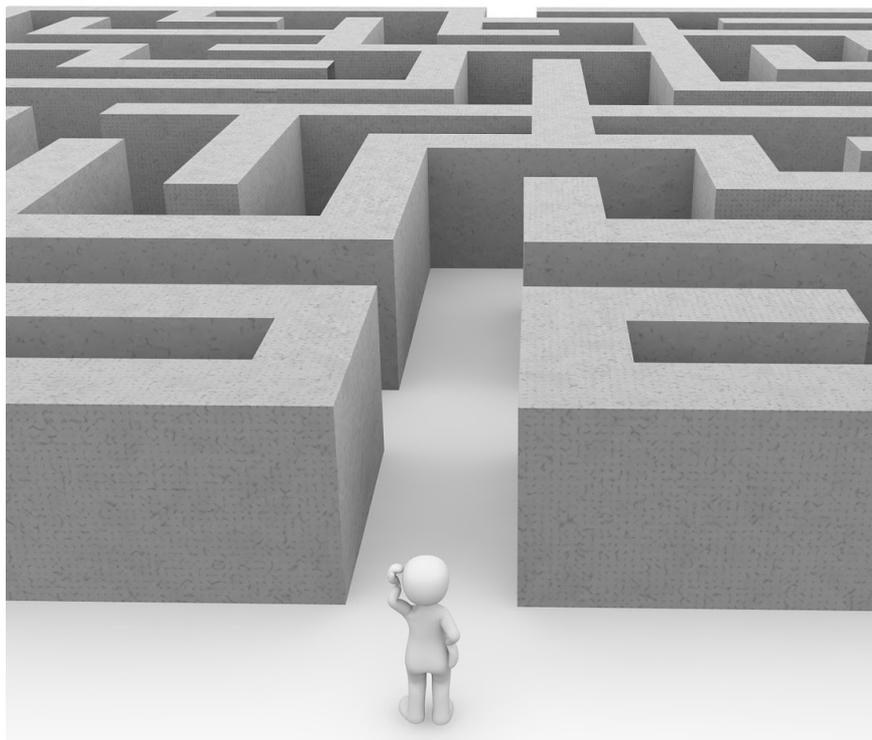


Direct Access To Physical Therapy

Discover The Path To A Pain Free Life



The Most Natural, Affordable and Effective Pain Treatment
and How To Get Yours Today, **NO REFERRAL REQUIRED!**

By Dr. Michelle Wolpov, PT, DPT, MBA, ATC, CSCS

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Ebook Edition

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"This comprehensive book is packed with useful information that will be valuable, to many audiences, at describing the basis and development of the profession of physical therapy, and the route to accessing physical therapy. Dr. Wolpov has written a detailed resource that explains what a consumer should consider to receive physical therapy, and the benefits of physical therapy to overall healthcare. Given all the recent changes in physical therapy access, and the expected changes to come in healthcare, the timing of this book is perfect. Dr. Wolpov's book supports the vision of the physical therapy profession to transform society."

Stephen Lahr, PT, PhD

Associate Professor and Chair, Department of Physical Therapy, Ithaca College

"This book is a breakthrough in consumer/patient education, providing extremely valuable information on the benefits of physical therapy for musculoskeletal injuries and disease. The book is easy to read and understand, and should help answer many previously misunderstood referral requirements for physical therapy."

Beth Sarfaty PT, MBA

Chair, NJ State Board of Physical Therapy Examiners, Owner/ Instructor, Educational Solutions, LLC.

"After going through much suffering and pain from a rotator cuff tear in my shoulder, now I really understand the importance of receiving physical therapy as the first step. Originally, I didn't know about Direct Access to Physical Therapy, so I suffered with pain for 8 weeks while going to my primary physician, then to a specialist, with subsequent delays. Once I arrived in PT, Michelle and her team were excellent at evaluating the cause of my pain, making a clinical diagnosis, and starting treatment the same day. Michelle's book is very informative and a must read for consumers. I wish I read it sooner!"

Krishna Ayyala

Software Engineer, IBM

"All three of my children were patients of Michelle's, not to mention my husband and my father, too! And my daughter, Lisa, eventually chose physical therapy as her career. Michelle is the kind of person who hopes to make everyone in this world a patient or a physical therapist, or BOTH! Physical therapy has certainly helped my family live more pain-free, productive lives!"

Sharon Gumnick

Physical Therapy Advocate

About the Author: Dr. Michelle E. Wolpov PT, DPT, MBA, ATC, CSCS

Dr. Michelle Wolpov has practiced physical therapy for over 30 years, specializing in the outpatient orthopaedic setting. In 2002, Dr. Wolpov purchased a local fitness studio which she turned into her own private practice, Game Shape Physical Therapy & Fitness Center, located in Manalapan, New Jersey. Game Shape is a 5,000-sq. ft., state-of-the-art physical therapy facility, which also houses an exclusive one-on-one personal training studio for clients and fitness members. Game Shape is a Rehabilitation Network participating location with the Hospital for Special Surgery (HSS).

Dr. Wolpov, a long-standing member of the American Physical Therapy Association (APTA), began consulting as an Expert Witness in the physical therapy and fitness industries back in 2005. She has handled over 55 cases for both plaintiff (65%) and defense (35%), writing expert opinions and testifying at depositions and in court. Her other expert consulting services include: litigation consulting, research and investigation, documentation auditing, independent PT examinations (IMEs) and consulting in standards of care.

In 2011, Dr. Wolpov received her Doctorate in Physical Therapy from the EIM (Evidence in Motion) Institute of Health Professions with emphasis in Executive Private Practice Management. Throughout her many years of practice she has taken over 75 continuing education courses in the areas of orthopaedics and sports medicine. In addition, Dr. Wolpov completed both her MBA and DPT curriculum with a 4.0 GPA and will sit for the Orthopaedic Board Certification (OCS), through the American Board of Physical Therapy Specialties (ABPTS), in the not too distant future.

Dr. Wolpov's extensive experience includes providing the most advanced, evidence-based treatment services to patients of all ages, as well as opening and directing start-up physical therapy facilities throughout New Jersey. She has consistently risen through increasing levels of responsibility within the rehabilitation services industry, from her hands-on clinical experience to her wide array of business skills in the areas of strategic planning, financial management, operations, marketing, quality control, documentation auditing, policies and procedures, human resource management and business development. To add to her growing list of achievements, Dr. Wolpov was recently nominated for the prestigious Athena Award for her commitment to the community and the advancement of women in business.

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Preface

100 million adults in the US alone suffer from pain and loss of function, but statistics show that only about 8% utilize physical therapy for treatment. It doesn't take a brain surgeon to see that those numbers just don't add up.

If only 8% treat pain with physical therapy, I'm afraid to know what the other 92% are up to. After 30 years of practice, I can tell you that they are wasting time and money seeing doctors who do not specialize in their condition, paying for unnecessary medications and treatments, and prolonging their own pain relief. I would go as far as to say that the majority are most likely ignoring the problem entirely, which is the biggest mistake of all!

While physical therapists have gone through years of training in how to administer care, they often lack the skills to promote their services to the public. Most physical therapy curriculums only offer a few basic courses in marketing and advertising, and it's understandable that science and clinical training take priority over developing students' business acumen. When we need a healthcare practitioner, finding a qualified professional who can effectively treat our pain takes precedence over finding a decent physical therapist who is good at marketing. If you ask me, this is why most of what you'll learn in this book hasn't been in the public spotlight until now.

State-specific direct access laws regarding self-referral to physical therapy have emerged and evolved over the course of the last two decades. In the early days of my practice I adopted a personal mission to spread the word: "No Prescription Required!" I told every patient I treated, one by one. No matter how many people I told, I was still astounded by how many were completely unaware that they could receive treatment without seeing their physician first.

I must admit, the frustration of having to preach the word of direct access one patient at a time is truly what sparked me to write this book, not to mention that the people I was preaching to were already sitting in my clinic, getting treated. They were no longer the ones who needed to get the message, but they could connect me to others who did.

Past patients who I told about direct access started coming in on their own when they were in pain, and then referring their friends and family to my practice! The more people I told, the more my practice grew by way of self-referred patients. People finally understood that they could get insurance-covered physical therapy treatment quickly, and that my knowledgeable, highly-trained staff was ready and willing to help.

Many patients told me that utilizing direct access made their lives easier. There was no more waiting weeks or even months to get an appointment with a physician; this "newfound" access to immediate treatment sped up recovery time, which made for a faster return to work and daily activities. My patients were especially happy with the amount of money they saved on unnecessary copays, medications, MRIs and, in some cases, even surgery.

And then it hit me... the “ah-ha” moment!

I had been preaching the benefits of direct access to my patients for over a decade, but my message never left the clinic walls! I thought, if spreading this message could have such an impact on my patients, how many other people could benefit from learning about this self-referral process? And that’s why I decided to write this book.

The biggest barrier in physical therapy is the public misconception of how the process works. It’s like going on vacation; if you’re anything like me, you’re going to try to find the lowest fares with the fewest stops between you and your relaxation destination. It’s the same in healthcare: we want to spend as little money with the fewest appointments necessary to relieve our pain and restore function. Direct access is a first-class, non-stop flight to pain relief paradise, and all for the price of a bus ticket.

Getting healthcare help can be intimidating for new patients and their families. Between technical jargon, varying insurance plans, specialists, medication, and even surgery, it can be overwhelming. It’s like trying to navigate your way through a maze without understanding the map. Think of direct access as the express lane through that maze; the “road to recovery” that leads back to a normal, pain-free life.

This book is the first step to understanding your rights, getting relief from pain and living your best life. Once you’re done I encourage you to share it with someone else who may need it! Welcome to the movement for better movement.

Best in health,

Dr. Michelle Wolpov

Dr. Michelle Wolpov, PT, DPT, MBA, ATC, CSCS

Terms To Know

Direct Access The ability to obtain a service without having to go through other channels first. In physical therapy, it refers to a person's ability to schedule an appointment with a physical therapist for evaluation and treatment, without first having to see a physician (also known as "self-referral").

Physical Therapist (PT) An individual who is educated, clinically experienced and licensed to provide physical therapy for the preservation, enhancement or restoration of movement and physical function impaired or threatened by disease, injury or disability to individuals of all ages. In clinical practice, PTs examine, diagnose and implement physical interventions through the use of exercise, manual therapy, physical modalities (such as heat or low-level laser therapy), mechanical traction, assistive devices, functional training and patient education. PTs work in a variety of settings including: outpatient orthopaedic clinics, public schools, colleges/universities, geriatric/skilled nursing facilities, rehabilitation centers, hospitals and medical centers.

Episode of Care All services provided to a patient within a span of time across a continuum of care in an integrated healthcare system.

Intervention The purposeful interaction of the physical therapist with a patient and other individuals (when appropriate) who are involved in patient care, using various therapeutic procedures and techniques to produce changes in the condition that are consistent with the diagnosis and prognosis.

Movement System The "foundation" and "the core of physical therapy practice, education and research." The human movement system is comprised of the anatomical structures and physiological functions that interact to move the body or its component parts. Human movement is a complex behavior and includes the musculoskeletal, nervous, pulmonary, cardiovascular, endocrine and integumentary systems.

Physician An individual who is educated, clinically experienced and licensed to practice medicine, which includes (but is not limited to): orthopedists, physiatrists, neurologists, pediatricians, gerontologists, podiatrists, dentists, family practitioners, oncologists etc.

Referral This word can have several meanings. In this form, it will be used as a noun, i.e. "to give a referral." To give a referral would mean that a physician writes a prescription for a patient to bring to the physical therapist, making "referral" and "prescription" synonymous for all intents and purposes of this book.

Physical Therapy: A Brief Introduction

While history may not be my favorite subject, I think it's important to gain an understanding of how physical therapy progressed to where it is today.

The roots of physical therapy reach all the way back to 460 BC with the introduction of massage and hydrotherapy to reduce pain and heal the body. Over time these techniques became more accepted and developed, eventually becoming a professional enterprise with documented techniques for manipulation and depicted illustrations. Many of the techniques that have existed for hundreds of years are still used in treatment plans today.

In the mid to late 1800s the physical therapy movement started to become more organized, with professional physiotherapy (the name for physical therapy outside the US) groups beginning to form in England. Quickly following suit in the early 1900s, the University of Otago in New Zealand began formal training programs; meanwhile, Walter Reed Hospital in Washington, DC pioneered the effort in the United States, graduating the first "reconstruction aides," which we now call physical therapists. This led to the introduction of formal rehabilitation in hospital settings.

As physical therapy expanded, research became instrumental in the continued development of the profession and practice. In the early 1920s the Physical Therapy Association, now known as the American Physical Therapy Association (APTA), was formed to help establish educational standards and, in later years, accreditation for programs.

Research and technology began to shape the industry, and uses for manual treatment became common. Over the next few decades, the primary focus of physical therapy shifted toward the treatment of physical ailments associated with Poliomyelitis, or Polio, as well as physical injuries of wounded veterans. During this time the face of the medical industry changed with a majority of physicians transitioning from general practice to a specialized field.

Throughout its evolution, physical therapy primarily consisted of exercise, massage, and traction; however, the 1950s brought the dawn of manipulative procedures to the spine and extremity joints. Though the main arena for practicing physical therapy was still in hospitals, the utilization of the profession in other settings began to emerge.

In the 1970s specialization of the Physical Therapy field began in the United States, with the APTA introducing the orthopaedic section. More organizations began to emerge, including the International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT), that continues to strive for change and progress in the field worldwide today.

Influencers began to crop up from across the globe, finding new techniques and uses for physical therapy and manual manipulation, allowing for more and more parts of the body to be treated. The explosion of technology in the 1980s brought on a new era of technical advances such as ultrasound, electric stimulators and, more recently, therapeutic cold laser treatment. Some of the advances found during this period have fallen out of practice, like electronic resistive exercise or Isokinetics, but have laid a foundation for continued growth as the industry progresses.



Manual therapy began to garner more attention in the 1990s with the creation of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT), which banded physical therapists together with a specialization in manipulative therapy. This led to the formation of formal residency and fellowship training, including the first Doctor of Physical Therapy (DPT) programs. The initial programs were transitional and allowed practicing professionals to upgrade their knowledge and clinical skills to keep up with changes in healthcare, followed shortly thereafter by the first entry-level DPT programs.

According to CAPTE, over 31,000 students enrolled to receive their DPT (reported December 2016), with almost 13,000 more entered into PTA programs nationwide. In addition to growing numbers, more physical therapists are becoming board certified in a wider variety of specialties. These include Cardiovascular & Pulmonary, Neurology, Geriatrics, Orthopaedics, Pediatrics, Sports, and Women's Health among others, giving patients the opportunity to use physical therapy for more symptoms.

Due to the rapidly growing elderly population and people striving to stay active as long as possible, the Bureau of Labor Statistics projects that there will be a 36% increase in physical therapy jobs by the year 2024! As more consumers turn to natural treatment options, demand for physical therapists will continue to rise, so it's a good thing that more and more students are flocking to DPT programs across the country.

Today we see physical therapists practice in a wide variety of settings including outpatient orthopaedic clinics, public schools, colleges and universities, geriatric facilities, rehabilitation centers, hospitals and medical centers. As healthcare landscapes change, physical therapy continues to become more widely accepted as the first option for pain treatment and musculoskeletal conditions. With the rise of the opioid epidemic, the need for natural, non-invasive treatments is becoming more and more important.

Physical Therapy: A New Kind of Intervention

An intervention is any measure used to improve general health or alter the course of disease, which is at the core of the physical therapy scope of practice. There are a multitude of procedures, methods and techniques that a physical therapist can incorporate in patient's treatment; some of the most common outpatient interventions include:

- Aquatic Therapy
- Low-Intensity Laser
- EPAT (Shockwave Therapy)
- Electrotherapeutic Modalities
- Vestibular And Balance Therapy
- Biomechanical And Work-Site Analysis
- Sport Specific and Functional Training
- Massage And Other Soft Tissue Techniques
- Mechanical Traction and Manual Spinal Traction
- Sports Taping, McConnell Technique And Kinesio-Taping
- Manual Therapy (i.e. Joint Mobilization, Strain/Counterstrain)
- Neuromuscular Re-education and Stabilization Techniques
- Therapeutic Exercises – ROM, Stretching and Strengthening
- Training With Use Of Splints Or Other Orthotics/Prosthetics
- Gait Training With Assistive Devices on Level and Uneven Surfaces
- Self-Management Instruction for Patient and/or Family Member(s)
- Patient Education on Biomechanics, Positioning and Posture
- Activities of Daily Living (ADLs) for Home, Work or Sport
- Instruction Of A Home Exercise Program



Physical Therapy: The Vision for Forward Motion



In the year 2000, the American Physical Therapy Association (APTA) House of Delegates adopted Vision 2020 which aimed to make doctors of physical therapy the first choice for the treatment of pain and disabilities related to movement, function and health. In 2007, the Task for Strategic Plan established the elements below as the foundation to achieve the Vision.

Autonomous Practice is the ability to practice without the input of outside sources (which can include other healthcare practitioners or third-party services). Physical therapists can design a custom treatment plan for each patient and re-evaluate its effectiveness as treatment continues. This saves the patient time and provides more consistent care.

Direct Access means that, as of January 2015, people in all 50 states can seek physical therapy treatment directly, without a prescription or referral from a physician. At the onset of pain or injury, you can call your local physical therapy clinic, set up an evaluation and start treatment right away.

There are currently two types of **Doctor of Physical Therapy (DPT)** degrees. There is the academic doctoral degree from an institution accredited by the Commission on the Accreditation of Physical Therapy Education (CAPTE), and also a transitional degree for previous professionals. These degree programs, in conjunction with mandatory continuing education, help physical therapists acquire knowledge and skills to advance the industry and its role in the changing healthcare landscape.

Evidence-Based Practice describes the foundation of research on which physical therapists develop a patient's plan of care; case studies and statistics have been pivotal in building the case for physical therapy as the most affordable and most effective treatment option. This type of practice requires physical therapists and physical therapy assistants to commit to continuing education and keep up with new research to ensure the highest level of care for the patient.

The goal is to make physical therapists the **Practitioner of Choice**, or preferred provider, for pain and musculoskeletal conditions. By way of direct access, patients can choose physical therapy as their primary treatment, and choose the DPT or clinic to provide such treatment.

Professionalism is the commitment made by all physical therapists and physical therapy assistants to work within the industry's system of core values and uphold the highest standards of the practice. The APTA core values include altruism, excellence, caring, ethics, respect, communication and accountability.

The organization's vision statement has since evolved, but the principles outlined in Vision 2020 remain influential to the realization of the current landscape and intention for years to come. The goal of the [current vision statement](#), adopted in 2013, is of "transforming society by optimizing movement to improve the human experience." The idea of transformation and innovation is an exciting one; the principles below, set by the APTA, strongly depict what society will look like once the vision becomes reality.

Identity The physical therapy profession will define and promote the movement system as the foundation for optimizing movement to improve the health of society.

Quality Physical therapy professionals will establish and adopt best practice standards across the domains of care, education, and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world.

Collaboration Physical therapists will demonstrate the value of collaboration with other healthcare providers, consumers and community organizations to solve society's health-related challenges.

Value Defined as "the health outcomes achieved per dollar spent." To ensure the best value, physical therapy services will be safe, effective, patient-centric, timely, and efficient.

Innovation The physical therapy profession will offer creative and proactive solutions to enhance health services delivery and to increase the value of physical therapy to society.

Consumer-Centricity Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage.

Access/Equality The physical therapy profession will recognize health inequities and disparities and work to ameliorate them through innovative models of service delivery.

Advocacy The physical therapy profession will advocate for consumers, both as individuals and as a population, to manage and promote change, adopt best practice standards and ensure that systems are built to be patient-centric.

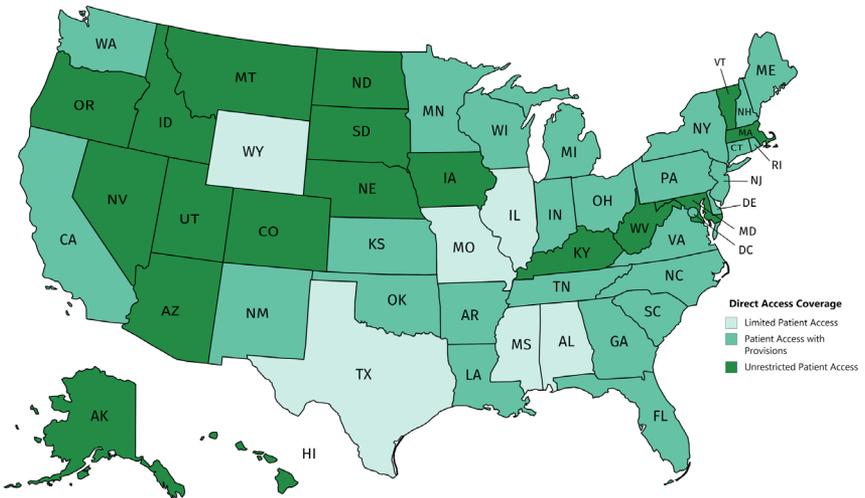
These elements and industry advances only reinforce that the goals of the APTA's Vision 2020 and its current vision are within reach.

Direct Access: Hey, America... You're Covered!

Albeit all 50 states, the District of Columbia, and the Virgin Islands now allow patients to seek some level of physical therapy treatment directly, some states still have limitations in place for said services. Each state sets its own protocols and restrictions on things like types of treatment, preset numbers of visits, etc. The APTA and the physical therapy community continue to fight these restrictions in order to provide optimal levels of care for patients nationwide.

Since the nationwide adoption of direct access, focus has shifted from winning the legal battle to reviewing the quality of these “new” laws, and the restrictions therein. The priority is “to have direct access laws in place in every jurisdiction that work for patients and PTs in those locations,” according to Angela Shuman, Director of State Government Affairs for the APTA ([Ref](#)); but despite the progress being made, there is no implication that the road ahead will be an easy one.

As the story of direct access unfolds, it is important to know the level of coverage you can receive in your state currently. The map below shows the current levels of access by state.



Unrestricted Patient Access (18 States)

No restrictions or limitations whatsoever for treatment.

Alaska	Montana
Arizona	Nebraska
Colorado	Nevada
Hawaii	North Dakota
Idaho	Oregon
Iowa	South Dakota
Kentucky	Utah
Maryland	Vermont
Massachusetts	West Virginia

Patient Access with Provisions (26 States, DC, Virgin Islands)

Access to evaluation and treatment with some provisions such as a time or visit limit..

Arkansas	Louisiana	Ohio
California	Maine	Oklahoma
Connecticut	Michigan	Pennsylvania
Delaware	Minnesota	Rhode Island
District of Columbia	New Hampshire	South Carolina
Florida	New Jersey	Tennessee
Georgia	New Mexico	Virginia
Indiana	New York	Washington
Kansas	North Carolina	Wisconsin

Limited Patient Access (6 States)

For certain patient populations or under certain circumstances (i.e. treatment restricted to patients with a previous medical diagnosis or subject of a previous referral).

Alabama	Missouri
Illinois	Texas
Mississippi	Wyoming

For more information on Direct Access Laws in your state, visit State Government Website or contact your State Legislators. You can also go to www.APTA.org/Chapters for a listing of chapters by state.

Direct Access to PT Saves Time

Quick and Convenient Care Options

Referring yourself directly to a physical therapist removes intermediate steps through other health professionals that may lengthen the path to recovery.

Experiencing pain on a daily basis interferes with happiness and quality of life, yet we still ignore it. Sometimes we'll take basic measures like icing the area, popping a few painkillers or, if it really hurts, going to the nearest urgent-care center. While these remedies are not the most effective, there is no argument that they're the easiest and most convenient.



Convenience is one of the most powerful influences when it comes to making decisions; luckily, **direct access makes physical therapy the most convenient and the most effective option for pain treatment!** You can [find a nearby facility](#), schedule your initial evaluation on the same or next day, and start your plan of care right away to alleviate pain.

Avoid Unnecessary Services and Treatments

Ideally every condition could be solved through physical therapy, but some cases do unfortunately require surgery. In these cases it is useful to have an MRI or x-ray for surgeons to identify potential sources of concern. In many cases, having an early MRI too early can lead to adverse effects on the course of care. Patients often become more aware of the symptoms they suffer from, which can lead to fear-based avoidance of treatment, can intensify symptoms and delay recovery. X-rays are useful when a patient has had a severe fall or collision, but they only give insight to bone health, not mobility or function.

Omit Unnecessary Appointments

If you heard about PT from a friend or an article you saw online, you'd still likely schedule an appointment with your physician; however, since physical therapy is relatively new in terms of primary care, many physicians are still learning and therefore don't often refer to physical therapy as the first course of treatment. It's possible that you'll have to wait to see your physician, who may then send you for x-rays, MRIs or even surgery, which may be unnecessary and ultimately delay your recovery.

Via direct access, patients can see a PT for evaluation, diagnosis and treatment, without a referral from a physician. Imagine the amount of time you could save just by seeing a physical therapist first.

Direct Access to PT Saves Money

Reducing Healthcare Costs (Direct and Indirect)

To fully understand the gravity of what we're about to discuss, let's first take a look at what "healthcare cost" actually refers to, since this term can take on many different meanings. Politicians talk about costs in regard to government spending on health care, whereas hospital administrators and physicians are usually referring to costs of production and the money they spend on resources needed to care for patients. Employers may refer to "healthcare costs" in terms of insurance, or the amount they spend on their employees' health care insurance plans. Nevertheless, everybody complains of out-of-pocket costs, co-pays, medications and whatever is spent over and above the portion that is covered by insurance.



Each year we grow more financially responsible for our own individual healthcare costs. Consumers omit the "middleman" when they utilize direct access to physical therapy; it saves the consumer time, money and allows them to maintain more control of where their money goes.

Direct access provides benefits to consumers with all types of pain and musculoskeletal conditions; for argument's sake I am going to focus on the condition of lower back pain, which clocks in at more than 3 million US cases per year.



The right physical therapy, within 14 days of the onset of pain, minimizes the average total cost of care by half each year. For example, a typical low back pain patient who waits to receive physical therapy is likely to spend over \$6,000 annually, whereas a patient who schedules PT treatment immediately (and adheres to their plan of care) will spend less than \$3,000 - that's more than 50% OFF!

The Health Care Cost Institute (HCCI) released a study in 2016 pertaining to patients with lower back pain, suggesting that seeing a physical therapist as the first point of care (via direct access) can reduce the need for potentially costly services and reduce consumers' medical spend across all settings.

- “Patients with lower back pain who saw a physical therapist first had significantly lower probability of having an Emergency Department visit, lower imaging rates, and lower probability of an opioid prescription compared to patients who saw another provider first”
- “Low back pain (LBP) is the most common type of pain experienced in the United States, with 25% of the US population reporting at least one full day of LBP within the last 3 months.”
- “LBP is also the number one contributor to years lived with disability and the number three contributor to disability adjusted life years (DALYs) in the US.”
- “Back pain is estimated to cost the United States up to \$90.6 billion in direct costs and \$19.8 billion in indirect costs; the indirect costs are due to missed days of work, disability, and low productivity. The health care costs for LBP continue to grow at a pace greater than non-LBP expenditures.”

As physical therapists are trained to determine whether an MRI or x-ray can benefit a patient, there are an increasing number of patients choosing physical therapy first, and for good reason. The first being that all of this imaging work costs quite a bit of money, adding roughly \$2,500 to \$4,800 to the patient's bills over the course of the year. In addition to this, research shows that patients who start their course of care with physical therapy return to work 2 to 4 times sooner than those choosing a surgical option. This route of care has also shown more likely to prevent further injuries in the future.



Direct Access to PT Produces Better Outcomes

Faster Recovery and Improved Levels of Care for All

Seeing a physical therapist through direct access as your primary care option not only prevents unnecessary visits to your physician, but also has been shown to increase satisfaction levels, provide better outcomes, and increase likelihood of completion of care.

Fewer Visits to Completion

There is increasing evidence showing that patients are able to complete their course of care more quickly by way of self-referral versus physician referral. Health Services Research (HSR) conducted a study that shows that 27% of patients utilizing direct access not only had fewer visits, but had lower overall costs on average. Blue Cross Blue Shield also released figures showing that patients through referral spent 65% more time in treatment, generating 67% more claims on insurance, with 60% more office visits.

Frequency of Care

When seeing a physician, patients typically schedule a follow-up appointment a few weeks or months later. In a physical therapy setting, a patient will see their physical therapist 2 or 3 times a week (or more for in-patient rehabilitation), over a period of several weeks. This positions the therapist to identify any side-effects or harmful changes in the patient's condition that can occur between physician visits. More frequent treatment creates additional opportunities to evaluate progress and make adjustments that can expedite recovery.

Fewer Emergency Room Visits

The overuse of emergency rooms in the United States is costing over \$38 billion a year in wasteful spending. Many patients turn to the emergency room because they lack access to timely primary care services as emergency locations are often the only option to receive a full range of services immediately, regardless of ability to pay. Overcrowded ERs impacts quality of care, as hospitals and institutions struggle to keep up with demand. Self-referral to physical therapy for non-urgent injuries can help alleviate stress on the system.

Alleviating Strain on the Healthcare System

The American Academy of Family Physicians (AAFP) projects that by 2025 there could be as many as 30,000 less physicians than are needed to cover all patients, a result of the growing number of older patients who require two to three times the amount of care combined with the aging population of physicians themselves.

A shortage of doctors would increase delays for patients, leading to a lesser quality of care and, ultimately, less effective outcomes. The inclusion of physical therapy in a patient's treatment plan is instrumental to alleviating the foreseeable shortage, giving patients an affordable treatment option that will keep them healthy long-term.

Improving Overall Healthcare

Historically, the referral system was a one way street, from physician to physical therapist. Direct access, in many cases, offers physical therapists the ability to refer patients to physicians (and other specialists) and to recommend x-rays, medication or surgery they deem beneficial to the patient. Integrating multiple practitioners creates an optimized healthcare model, allowing doctors to provide the highest level of care to their patients.

Combining the forces of physical therapists with pain management specialists, orthopaedic surgeons, neurologists, etc. can lead to faster and more comprehensive treatment, maximizing the quality of healthcare overall.



Direct Access to PT Gives Consumers Control

Freedom of Choice and Choosing Your PT

With direct access you are free to choose the treatment, and practitioner, that suits you best. The ability to seek care directly allows you to compare clinics in your area and find the practice that best fits your needs. There are many resources where you can read reviews of clinics to get a better idea of where you will feel most comfortable. Once you identify some options, you can call their front offices to verify your insurance and set up your evaluation. Make sure that the clinic you choose is familiar with your state's direct access laws so that your process will be a smooth one.

Most physicians have been conditioned to establish relationships with one or two physical therapists to whom they will refer their patients for treatment. While not all physicians employ this method of referral, they still generally guide patients on which physical therapist to see. It is perfectly normal to trust your physician's recommendations, but it's important to note that you do still have the option to go elsewhere, even if the physician referral is written on a prescription pad with a particular clinic's name on it.

Annual Musculoskeletal Check-Ups

From dentists to optometrists to primary care physicians, healthcare providers of all varieties request an annual checkup to evaluate the ongoing status of their patients. This type of "preventive care" saves billions of healthcare dollars every year by allowing doctors the opportunity to identify risks and/or catch early signs of disease.

Dentists prevent cavities, optometrists monitor vision changes, and physicians identify precursors to serious conditions like cardiovascular disease, cancer, or diabetes. In physical therapy your check-up would look signs of pain, inflammation, lack of mobility, weakness, balance problems, and functional limitations in daily activities. With this information physical therapists can adjust your ongoing care to avoid further damage.

Direct Access to PT Relieves Pain Naturally

The Safe Alternative To Opioids and Pain Medication

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) like Ibuprofen and Naproxen are quite common in the treatment of pain, but there are some risks associated with consistent use. They are quite helpful at reducing inflammation, but when used all the time they can lead to delays in soft tissue and bone healing, increased risk of renal and liver toxicity, hemorrhages, ulcers, and effects on the central nervous system. It has been found that use of NSAIDs in conjunction with physical therapy together can be a beneficial, allowing patients to stop using the medicine more quickly. In addition, there is mounting evidence that exercise and physical activity have anti-inflammatory benefits, which are often assigned during the course of therapy.

Research also shows that physical therapy has become an effective alternative to injections. Again, steroid injections are a more costly option than physical therapy, and with these injections patients are visiting the doctor more and requesting extra injections 60% of the time. These injections may not last as long, and are not necessarily treating the root of the problem, leading to more treatments. Physical therapy involves more contact with the patient and incorporates both pain relieving modalities and an exercise program for home, treating the actual cause of pain.



Less Referrals for Opioids

As the opioid addiction epidemic continues to spread through the United States, there is an increased need for natural methods of treating pain. Physical therapy is a frontrunner for this movement as DPTs treat pain conditions using methods like electric stimulation, massage, light therapy, ultrasound, or hot and cold packs. They also focus on stretching and range of motion exercises to alleviate the pain and restore function, instead of masking the pain a patient is experiencing with opioid medication.

As the use of opioids increases for pain management in America, we face an ongoing national epidemic with more and more people becoming dependent on these drugs. Since 1999 the rate of opioid prescriptions has quadrupled, leading to similar increases in opioid and heroin overdoses. With patients only showing 30% relief of pain through opioid use, it is surprising to see the explosion in prescriptions.

In response to this growing epidemic, the Centers for Disease Control and Prevention (CDC) have released guidelines urging prescribers to reduce their use of opioids in favor of safer alternatives. Physical therapy is one of the main options on their list of alternatives to treat chronic pain.

One of the biggest issues with opioid treatment is that only masks the sensation of pain. The actual cause of the pain is not being treated, and as the effect of the drug fades the pain returns immediately. This leads to patients becoming increasingly reliant on use of opioids, making it difficult for them to break their habit of use. Physical therapists help treat the pain through movement, increasing the effectiveness as treatment continues.

With any prescription medication there is a chance for side effects. For opioids these include sedation, dizziness, nausea, depression, constipation, respiratory depression, and of course physical dependence which can lead to overdose. The effectiveness of opioids as long-term pain management has been inconclusive, and is starting to become regarded as an inadequate pain management technique. Physical therapy does not pose such side effects, and continued treatment through PT can improve mobility, increase independence, decrease pain, as well as improve strength and endurance.

With the CDC citing evidence supporting exercise as an integral part of treatment for low back pain, arthritis, and fibromyalgia, and direct access laws in place, the stage is set for physical therapy to strike a mighty blow against opioid dependence. Physical therapists, empowered by further education and improved technical diagnostic skills, are now well positioned to become the primary provider for these pain patients.

If you or anyone you know is struggling with opioid dependence, please don't hesitate to ask for help. There are many professionals trained to aid with this issue and direct you to the appropriate course of care. When treating your pain, always remember to investigate your safest options.

Direct Access to PT in the Military



For years the U.S. Military has been utilizing a direct access model to physical therapy as the first option for musculoskeletal injuries. The initial installation of physical therapists was due in part to treating the needs of American soldiers in WWI, and in 1942, physical therapists started receiving relative military ranks. The increased need for physical therapy through WWII led to the development of training programs that continued to spread through military engagements

around the world. Military physical therapists have served through many deployments, reducing unnecessary medical evacuations of service members with musculoskeletal injury by almost 20%.

A number of factors led the Army to begin utilizing therapy as a primary care option in 1971. The leading concern was the immense number of patients with neuromuscular problems in conjunction with a shortage of orthopaedic surgeons. To alleviate the lengthy delays and get the soldiers treated quicker, Army physical therapists began serving as independent practitioners to provide primary care to these neuromuscular patients.

While at first there appeared to be reservations over the potential of missed or incorrect diagnoses, the therapist's education and clinical experience proved to be quite valuable. The Army developed protocols for continuing education, quality assurance and a doctorate program to expand said efforts. Therapists in the Army now have the ability to order x-rays, bone and CT scans and MRIs. They can now restrict work duties, prescribe medications like analgesics, muscle relaxants, and NSAIDs, and have become responsible for admitting and referring patients to a variety of specialty clinics for medical evaluation.

Many states are seeing the benefits of unrestricted access and adopting more of the Army's care model in lessening those restrictions. Direct access in the US Army has been advantageous, leading to its continued use today. Patients with neuromuscular complaints are receiving prompt evaluations and are able to start treatment more quickly. Additionally, the number of sick-call visits has decreased and physicians are being utilized far more efficiently than before. With over 40 years of positive results and no record of legal action brought against an Army physical therapist, they now operate in all areas of the Armed Forces, including Army medical facilities across the country.

#ThinkPTFirst: The Movement for Better Movement

With more Americans suffering from musculoskeletal pain than diabetes, heart disease, and cancer combined, it's surprising more people don't already #ThinkPTFirst.

Have you ever helped a friend move, and your back still hurt a week later? Most of us ignore these "minor pains" until they become major pains which can lead to increased damage and risk for surgery.

There is a bounty of research to support that physical therapy is just as effective in treating many conditions requiring surgery, and with less complications. For instance, 75% of patients with a fully torn rotator cuff were able to rehab their shoulder without any surgery at all.

From injuries to loss of function, disease to daily wear and tear, the symptoms that can often be treated by physical therapy alone are abundant. For sake of simplicity I've referenced my absolute musts for when to seek physical therapy before other healthcare services. If you or anyone you know is experiencing one or more of the conditions below, encourage them to #ThinkPTFirst!

Dr. Wolpov's Top Reasons to #ThinkPTFirst

- Chronic Pain
- Sports Injuries
- Injury Prevention
- Back Pain/Sciatica
- Sports Conditioning
- Weight Management
- Headaches/Migraines
- Work Related Injuries
- Joint Pain and Arthritis
- Repetitive Sprains/Strains
- Preoperative Conditioning
- Postoperative Rehabilitation
- Managing Women's Health Issues
- Injuries Related to Auto Accidents
- Pregnancy (Prenatal and Postpartum)
- Balance and Vestibular Problems (Vertigo)
- Neurological Conditions (Stroke, Parkinson's)
- Managing Diabetes/Cardiovascular Conditions



Exercise ... Your Rights!

Direct access to physical therapy is a basic human rights issue, since access to timely, affordable care is a right that we all deserve. At some level, every state in the country recognizes the safety and benefits of direct access, so it was surprising that in 2013 only 35% of policy makers and 16% of physicians were in support of it. Today those numbers are up, but we've still got a long way to go.



The power of progress lies in the hands of the consumers, those who suffer in pain, or perhaps know someone that does. Organizations and professionals are capable of making change, but nothing speaks louder to a state legislature than the voice of its constituents.

We must take a stand to amend direct access laws in every state in order to lift restrictions and maintain our freedom of choice. The number of pain sufferers is on the rise and we must move faster than ever! You can help spread the word by posting your story on social media using the hashtag #ThinkPTFirst. You can talk to local physical therapists, contact your state government officials or start a petition; however you join the movement for better movement, know that even small contributions can make a big impact.

We are the people, and now is the time: as patients, practitioners and politicians we must come together to fight for what is rightfully ours. We must go straight to the policymakers and make them listen, we must ask why our access to care is restricted, and we must demand answers. We the people, in pain and not, bestow the power to transform society through movement, and we must stand united to advocate for reform. With power in numbers and a vision of better healthcare for all, we the people can be the change.

[#ThinkPTFirst](#)

Final Thoughts

CONGRATULATIONS! You have arrived at the end of this book, and are officially a student of direct access to physical therapy. You now know that patients who see a physical therapist first get relief from pain in fewer visits, spend less money, and are restored to function without the risk of opioid addiction. They are at work more often and, when they continue their treatment regimen(s), reduce their risk of recurring pain by up to 40%.

I understand that, though you may want to, you can't have a copy of this book handy at all times. We've covered a fair amount, so I summarized a few key points that are most important when spreading the word about direct access:

1. Direct access exists! It may seem obvious, but it's important to start with this simple fact. Even if that's all someone walks away with, they know they have options.
2. Physical therapy is a safe way to treat pain and it produces better outcomes than medicine, injections or surgery, in many cases (not to mention it's 100% natural).
3. Self-referral to physical therapy can save you time and money. The idea that you can feel better, faster and spend less is a pretty enticing combination.
4. Proactivity is key. The faster treatment is started, the better the results. Encourage anyone already in pain to schedule their evaluation as soon as possible.

Ordering Information



All Readers As you hopefully have discovered, Direct Access to Physical Therapy was written to present the benefits of self-referral to physical therapy. Now that you've learned everything you need to know to take the next step, I ask that you join me in the movement for better movement! You can purchase additional copies of this book to share with friends, family members, colleagues and peers!

PTs & Clinic Owners Looking to grow your practice? Direct Access to Physical Therapy is the answer! Order print copies to give to your patients or add the ebook to your email newsletter or website. We can even customize the book with your clinic's information to keep your new and existing patients coming back again and again. Want more information? Email Us Today!
support@directaccesstophysicaltherapy.com

PT Educators This book is perfect to integrate into your DPT and PTA curriculum. For information about volume discounts, customization of school information or booking a speaking engagement for your students with author, Dr. Michelle Wolpov, email: support@DirectAccessToPhysicalTherapy.com

Additional Links

[ThinkPTFirst: The Movement For Better Movement](#)

[Game Shape Physical Therapy & Fitness Center](#)

[Dr. Michelle Wolpov - Physical Therapy Expert Witness](#)

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