Primary Care Guide to Appropriate Physical Therapy Referrals

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For the most common musculoskeletal problems seen in Primary Care:

- Who is likely to benefit from a referral to Physical Therapy (PT)?
- What happens in PT?
- How do I maximize the handoff, so the patient will go and actively participate in PT?
- Other alternatives...
Objectives

• Identify patients with musculoskeletal problems (low back, shoulder, knee, neck) who are appropriate to refer to physical therapy.

• Effectively communicate with patients regarding their role in the rehabilitation process.
General Guidelines for Physical Therapy Referrals

✓ Yes
• Acute musculoskeletal:
  • Postural deformity
  • First episode
  • Sudden onset
  • Change in status (cast off)...
  • Problem related to physical activity or event
  • Acute radicular symptoms
  • Spine problem > 1 wk
  • Extremity problem > 3 weeks

✓ Yes
• Chronic (>3 months):
  • Never had PT for the problem
  • Recent exacerbation (2-3 weeks), responded well to PT in past.

Rehabilitation Services Policy: Guidelines for Outpatient Referrals 12/2006
General Guidelines for Physical Therapy Referrals

✓ Not Indicated

• Acute musculoskeletal:
  • Not medically stable
    • Blunt trauma (pre x-ray)
  • Immediate post trauma (MVA, fall, crush injuries) wait 7-10 days.

  • Special circumstances
  • Postural deformity-REFER!
  • They need education.

✓ Not indicated

• Chronic (>3 months):
  • Had PT for same problem without objective, functional gain that lasted 6 months.
  • Not medically cleared, (systemic disease not in control).
  • When in doubt contact your local Rehabilitation Services Director for advice.

Rehabilitation Services Policy: Guidelines for Outpatient Referrals 12/2006
Outpatient physical therapy utilization patterns

• 18,000, 7% received OPT services. College and higher educated were more likely to receive PT than those w high school education. Elderly, minorities less likely to receive PT.

• Consider the possibility that the patients literacy level may be a factor in access to PT...

• Carter S; Use of Outpatient Physical Therapy Services by people with Musculoskeletal Conditions. Physical Therapy 2007
Food for thought: Clinician beliefs differ from practice patterns

• Review article
• GP’s use of exercise
• in patients >45yo with chronic knee pain (OA).

99% of GPs agreed that exercise should be used.

• Actual practice:
• exercise advice 5%-52%
• physiotherapy referral 13-63%.

Cottrell E, Roddy E, Foster NE. The attitudes, beliefs and behaviours of GPs regarding exercise for chronic knee pain: a systematic review. BMC Family Practice 2010, 11:4
Barriers

Physical Therapy...

- Why should I go?
- Will it hurt?
- Alternatives..
Perhaps
If we ask them to….they WILL!

Patients activity habits have been shown to improve following brief counseling by their primary care clinician

YET

25% of patients reported receiving counseling on physical activity

KEYS

Brief counseling<3min
Supplement w written instruction
F/U
Consideration for patient needs/concerns

If we don’t guide them, they will seek (mis?)information...

90% patients had internet access
63% looked for pain-related medical info
  57% thought the info ”useful”
  55% thought the info ”credible”

50% mentioned it to their treating provider

Patients really, really like us....

Patients are generally highly satisfied with physical therapy, but as yet this has not been consistently related to treatment outcome.


“...Findings support the hypothesis that patient satisfaction with care is primarily independent of perceived clinical change...”

What happens in Physical Therapy?

Skilled evaluation:
Customized plan of care
Goals: FUNCTION!

Treatment:
Education-initially may be in groups
Manual therapy and therapeutic exercise
Discharge with Home Exercise Program
PT evaluation includes screening for red flags

Patient case report demonstrating physical therapy clinical reasoning and referral back to medical provider.

Low Back Pain: Early Physical therapy

Retrospective cohort
Medicare enrollees 2003-04
N=439,195, w acute episode

- 64% Non-specific LBP
- 15% Sciatica
- 11% Deg disc disease
- 6% Spinal stenosis

Results/Conclusions
• Patients who received physical therapy early after acute back pain episode returned less frequently for surgery, injections, office visits.

• Variation in referral patterns, generalist specialties less likely to refer to physical therapy.

Low Back Pain

Exam
You have done the 3 min back exam and are confident the patient has a soft tissue strain.
What do you say about ex?

Do's & Don'ts
I want you to try short walks, 10-15min. Please don’t sit for more than 1hr at a time.
Lumbar: Case Examples

- Likely to benefit from Physical Therapy?

- What do I say to the patient?
Innovative resources for patients

WebCare FOR BACK PAIN

member TIP SHEET

WHAT DO YOU NEED?
You will need an email address and a computer with:
- Broadband Internet access
- Windows 2000, XP, Vista, or Mac OS X 10.5 (“Leopard”)
- Internet Explorer 6.0 or above, Firefox 2 or above, or Safari 3 or above
- Adobe Acrobat 8 or above
- Flash Player 7 or above
- Minimum screen resolution of 1024x768

HOW TO GET STARTED

GETTING HELP
Please email us at: webcare@kp.org.
If you email after 5 PM on Friday, we will respond on the next Monday.

Need help with getting an active password?
Talk with my Medical Assistant for help.

TRY WEBCARE
A new online program developed by KP back care experts to help reduce your pain and strengthen your back. Use it often throughout the time your back is healing.
- Personalized daily recommendations based on your pain level and comfort.
- Short videos of Kaiser Permanente physical therapists demonstrating...
Low Back Pain

Acute vs. Chronic
Acute LBP may respond to specific joint mobilization. Fritz JM et al., BMCFamPract. 2005
Even in acute phase, abd isometric (a Core ex) can help ease pain when changing positions.
Age-related issues: MRI’s on normals
Under 60yrs  Over 60yrs
46%        93%    Degenerated disc
1%         21%    Spinal stenosis
Boden et al., JBJS ,1990
I tried sit-ups..they hurt!

Sit-ups increase compressive load on the spine.

Photo KP Back stabilization and core strengthening exercise booklet
Core Exercise: Motor Control

Targets the deep back muscle (multifidus) and deep abdominal (transversus abdominis).

Alternatives: Some patients want to try exercises on their own.
Take home

• Disc degeneration is a normal process of aging. The discs get their nutrition through movement.

• Try to at least negotiate a walking routine for most types of LBP.
Shoulder Problems: Shoulder Problems: Impingement, frozen shoulder

- **Age-related issues**
- Rot cuff degenerates, by age 65, 50% have tears.
- On exam usually weak external rotation, pain with reaching, (+)impingement tests.
Shoulder Case
Frozen Shoulder

Starting position

Lack of ext rotation R
Change in internal rotation range

Pre treatment

After joint mobilization
Joint Mobilization
Home Exercises
Frozen Shoulder: Exercises

Your Kaiser Permanente Care Instructions

Here are some examples of typical rehabilitation exercises for your condition. Start each exercise slowly. Ease off the exercise if you start to have pain.

Your doctor or physical therapist will tell you when you can start these exercises and which ones will work best for you.

How to do the exercises

Neck stretches
Shoulder Impingement

• Acute vs. Chronic
• Often very painful when acute.
• Do:
  • Pendulum for pain
  • Have a hug (of yourself) to stretch the back of your shoulder.
• Most importantly you must try to strengthen the weak rot cuff.
Shoulder Impingement

Don’t

You know how it hurt when I asked you to try to kiss your elbow? I want you to avoid movements like that, such as reaching across your body or reaching overhead with your palm down.
Knee Problems
Case Examples

Patellofemoral dysfunction

• Likely to benefit from Physical Therapy?

Osteoarthritis

• What do I say to the patient?

sprain/strain
Anterior Knee Pain

Acute vs. Chronic
Stationary bike is useful even in acute phase.

Age-related issues
Once again degenerative meniscus tears are common as we age.
Knee: Vastus Medialis obliquus (VMO)


DO
Touch your knee here, Straighten your knee all the way, try to make a tight muscle under your finger.
Activity Prescription

Do's & Don'ts

Avoid
Squatting all the way,
Kneeling on your painful knee, or
Twisting when you have weight on your foot.
Cervical Problems
Case examples

Strain • Likely to benefit from Physical Therapy?
radiculopathy
whiplash • What do I say to the patient?
chronic pain
In review

• Identify patients with musculoskeletal injuries (low back, shoulder, knee, neck) who are appropriate to refer to physical therapy.

• Effectively communicate with patients regarding their role in the rehabilitation process.
Musculoskeletal Patient Education
handouts/tip sheets

Clinical Libraries
Adult Care
Clinical Category
Musculoskeletal
Member Education
Neck, Back, Knee...
Thank you!

Questions?
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1. KPNC Physical therapy directors. Personal communication 1/2011.
2. Physical therapy utilization; general referral guidelines 2011. KPNC DSA.
8. Cottrell E, Roddy E, Foster NE. The attitudes, beliefs and behaviours of GPs regarding exercise for chronic knee pain: a systematic review. BMC Family Practice 2010, 11:4
References

References:


