



Efficient Physical Therapy: One Therapists' Opinion

"The stupidest question, is the question that has not been asked, or there are no stupid questions" Albert Einstein.

A search of the internet using the term "speedy home repair" will turn up large number of businesses. Using the search term "speedy Physical Therapy" will result in zero listings. When it comes to Physical Therapy services, it seems the preponderance of attention is on effectiveness and less attention is paid to efficiency.

Effectiveness and efficiency are two different but related concepts. Effective therapy the intervention achieves the desired or intended results. Efficient therapy the intervention is achieving the desired results with minimum wasted efforts or expense. *Being **effective** is about doing the right things, while being **efficient** is about doing things right*

Historically effective healthcare has assumed a higher level of perceived value, and most individuals are less concerned that their healthcare is efficient. The health insurance system has been set up to encourage more service. The standard healthcare model is the provider gets paid for service, not the results or outcome. The more units of service/procedures provided the more the healthcare provider makes. The more tests ordered, the greater the financial reward for the healthcare provider. The greater the number of follow up visits the greater the financial reward for the Physical Therapist. Physical Therapist makes more money the longer each physical therapy visit.

A problem is financial incentives in today's health care industry is to provide more service not more efficient service. In current healthcare system more money can be made if you are not very good at the service provided. Withholding ineffective treatment is not profitable.

When I contract to have repairs on my home I am charged by the job/project. I am not eager to pay according to how many hours it takes to put new gutters on my house.

It is considered unethical for a Physical Therapist to participate in underutilization or overutilization of physical therapy services for personal or institutional financial gain. Truth be told when it comes to the implementation of ethical concepts the truth is often grey and not black and white. It is very difficult to determine when healthcare is underutilization or overutilization.

If your health insurance plan has a high deductible, and/or your out of pockets expenses (co-pay or co-insurance) is high there are actions you can do to keep your costs down while still getting effective healthcare? If your time is limited and you have concerns about the number of Physical Therapy visits prescribed there are steps you can take?

Nice to have versus Need to have

Do some smart shopping for the more effective and efficient Physical Therapy service. Ask pointed questions.

Some Physical Therapist are starting to measure their efficiency using standardized patient self-reported functional outcome measures divided by the number of visits to determine the magnitude of improvement per Physical Therapy visit. Ask your Physical Therapist what is the average number of visits needed for what your diagnosis is. Shop for the most effective and efficient Physical Therapist.

When the proposed plan of care is shared recognize research has shown active interventions are more effective and efficient than passive interventions. When you are actively involved in the therapy it results in better outcomes. Examples of passive therapies are hot pack, cold packs, electrical stimulation, ultrasound, massage and dry needling. Passive interventions feel good and help manage pain. These passive therapies take time which may be better spent on active interventions. Do request active therapies. Do not request and consider rejecting passive interventions. Examples of active therapies are exercise, education, gait re-training. Passive therapies are a way for healthcare provider to charge for more services.

There are some things that are nice to have, and some things we need to have. It is nice to have someone massage you. It is nice to have someone around while you are exercising to encourage you to exercise. It feels good to lie on a hot back with massaging effect of electrical stimulations. There are situations when greater benefit could be obtained if those 30 minutes of laying on a hot pack with massaging effect of electrical stimulation was spent doing strengthening exercises, or learning to move in ways that alleviated the pain. Even if you can afford the time and money to receive passive therapies ultimately you have to expend energy to achieve a healthy life style. Your active involvement is required.

Many exercises a Physical Therapist recommends can be done at home or at your gym. Ask the Physical Therapist if you are doing the home exercises correctly, and ask when can we move on and progress "what's next"? Research has shown during certain time periods home based exercise regimens yield equivalent functional and clinical outcomes compared to supervised Physical Therapy visits. When your physician prescribes Physical Therapy 3 times a week for 6 weeks, it does not mean you need to

be participating in skilled supervised Physical Therapy. It may mean you need to be doing your exercises 3 times a week for 6 weeks.

If you are being seen for a repetitive use injury, ask the Physical Therapist what are the factors that contributed to the injury? How can I change or modify the contributing factors? Is there a way I can modify the degree of use to facilitate healing and prevent recurrence? Is there a way I can change or modify the manner of use to facilitate healing and prevent recurrence? What did I do wrong?

A Physical Therapist will perform tests and measurements to develop a diagnosis and to develop the most appropriate intervention. The best tests are the ones that are immediately followed by a corrective action. As an example climbing stairs elicits knee pain, and the Physical Therapist identifies your preferred movement climbing stairs the knee drifts into the mid-line of the body often described as "knee knocking". The therapist can identify this faulty movement; clue you to avoid this faulty movement (knee knocking), instruct you to engage your buttock muscle to a greater degree. When you climb stairs again, and this change diminishes or alleviates the knee pain, this is a powerful intervention.

There is times when repeated tests and measurements are often provided that has little effect on treatment. If the therapist is performing tests and measurements ask what action are we going to take with the results of the test? What do I need to do to pass that test the next time? Do the results of that test mean I can stop doing certain exercises and move on to the higher level? Do the results of the test suggest I need another test?

Do not be afraid to ask questions. Physical Therapist should be critical thinkers. Physical Therapists should be providing evidence based care. Physical Therapists should be teaching. Evidence based care, patient centered care requires and encourages asking questions and engagement between client and therapist.

When the Physical Therapist shares with you the plan of care, you can negotiate the number of procedures (active versus passive procedures), and number of visits. Be sure and share with your therapist specifically what you wish to accomplish, and how fast you want to accomplish your goal.

Reach out to me I am eager to hear your opinion on this topic.