Enhancing Physical Therapy Access in Rural Nevada

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Overview

- Changes in Physical Therapy
- Barriers to PT access in rural communities
- Most common injuries in rural areas
- Quick/Simple tests for spine, shoulder and knee pain
- Medicare requirements for PT authorization
Advances in PT Practice

APTA
Vision 2020 (Stern, 2006)

• Vision Sentence for Physical Therapy
  • By 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other health care professionals as the practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, activity limitations, participation restrictions, and environmental barriers related to movement, function, and health.

• Autonomous Physical Therapist Practice
• Direct Access
• Doctor of Physical Therapy and Lifelong Education
• Evidence-based Practice
• Practitioner of Choice
• Professionalism
Changes in my own PT practice

• Advanced my interests and education in assessment of Functional Movement
• Functional Movement Screen
  • Screen of 7 basic human movements over a lifespan
    • Score out of possible total of 21, points: 3, 2, 1 for each movement
    • Research showed less than 12/21= high risk for injury
  • Anybody can perform screen
  • If they have pain or poor score, participant should be referred for SFMA
Changes in my own PT practice

• SFMA- Selective Functional Movement Assessment
  • Assessment of 10 top tier movements
    • Scored as Functional or Dysfunctional and painful or non-painful (FN, FP, DN, DP)
    • Looking at *movement patterns* and trying to determine if the dysfunctional pattern is coming from a mobility limitation or motor control dysfunction
  • Concept of regional interdependence
    • Hand stable, wrist mobile, elbow stable, shoulder mobile, scapula stable, T-spine mobile
    • Foot stable, ankle mobile, knee stable, hip mobile, pelvis stable
• Performed by licensed health care professional (MD, PT, etc.)
• [www.functionalmovement.com](http://www.functionalmovement.com)
Regional Interdependence Examples

Lack of scapular stability/motor control may lead to excessive mobility or instability at shoulder

Lack of hip IR mobility may lead to destabilization at lower back or knee
Barriers to PT in rural communities

- **Extrinsic barriers**
  - Decreased number of community hospitals
    - Lower likelihood of PT services in hospital
  - Lack of awareness among primary care physicians
    - Can’t find us, network or communicate with us
  - Rural healthcare policy
    - Inadequate Medicare Reimbursement

- **Intrinsic barriers**
  - Geographic isolation
    - 43.3% of rural residents spent more than 30 minutes travel compared to 25.3% in urban residents
    - Limited mode of transportation
  - Lack of health insurance and low income

(Osborne, 2013)
Most common injuries in rural communities

• Farming/Industrial Injuries
  • Musculoskeletal
    • Widespread, repetitive trauma and vibrations from machinery
    • “The National Safety Council ranks farming as one of the most hazardous occupations with high rates of job-related illnesses, injuries and disabilities that are costly to families and to the economy at large” (Mwachofi, 2007).

• Geriatric Injuries
  • Falls
    • “As people age, changes in balance, proprioceptive, muscle strength, attention and vision make compensation to environmental hazards more difficult” (Metter, 2005).
    • Fractures
    • Joint dislocations
    • Intracranial injuries
Emphasis on home/self management

- Less Transportation/more availability
- Focus on educational techniques/adherence
  - educational techniques used by physical therapist during the clinic treatments are recognized methods of improving patients’ understanding of their role in the treatment and their adherence to a home program (Bassett, 2007)

- “It is no longer sufficient to rely upon a theoretical argument that physical therapy’s contributions are beneficial to society. Consistent practice behaviors and body of credible evidence are required if patients, payers, and policy makers are going to consider physical therapist services among their value priorities” (Goldstein, 2013).
"I'm the one with the medical degree, I'll determine if your back is bothering you, or not..."
Low Back Pain

- **Back Pain**
  - Lower back pain #2 reason why patient comes to PCP following common cold
  - 95% of acute back pain will resolve on its own in 4-6 weeks, but 50% will return
    - chronic LBP patients!!!
  - If we can educate patients after their initial episode, show them positions to protect lumbar disc and show proper body mechanics/spine protection program we could prevent future episodes
    - Prevent fear/avoidance
  - Caution with ordering MRI after acute episode of LBP for at least 6 weeks unless patient is demonstrating red flags, even if they have radicular symptoms.

(McGill, 2007)
Low Back Pain

- Simply watch how they move in your office
  - Active toe touch
    - can they do it, how does spine look, did they weight shift posteriorly?
  - Up/down from chair
    - Look for hip/hinge or reverse pelvic movement
      - Do they initiate the movement at their spine or pelvis/hips?
Low Back Pain

- **Straight Leg Raise (SLR)**
  - suspect disc if leg/sciatic pain onset at less than 70 degrees
Low Back Pain

• Quadrant test
  • Extension, Rotation and Side-bending to same side
  • Facet joint loading
Low Back Pain

• FABER hip test (Patrick test)
  • Flexion, Abduction, External Rotation
    • Femur should be parallel to table
  • Hip/SI joint dysfunction
Neck Pain

- Postural strain
- 60% of asymptomatic patients over the age of 50 will have positive findings of DDD on MRI of c-spine (Boden et al, JBJS 1990)
  - We live in flexion (literally): drive to work, sit at desk, drive home, sit on couch watch tv.
Neck Pain- Simple Tests

• AROM in sitting
  • Flexion: chin to sternum
  • Rotation: chin to anterior shoulder (70°)
  • Extension: forehead parallel to ceiling
    • Do they lack movement at C/T junction?
      ears should move posteriorly over shoulders)
    • Do they have forward head posture/excessive OA extension?

• Spurling’s/Cervical Compression Test
Shoulder

- Shoulder Tests
  - Rotator cuff tests
  - Unless they have positive drop arm or lift off test, refer to PT
    - Generalized weakness, pain with elevation all could be inhibition from subacromial impingement
  - PT will *(Should)* also screen for cervical, scapulothoracic and T-spine mobility and strength/motor control
## Rotator Cuff tests Specificity/Sensitivity

<table>
<thead>
<tr>
<th>Test</th>
<th>Sensitivity (%)</th>
<th>Specificity (%)</th>
<th>Positive LR</th>
<th>Negative LR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supraspinatus testing (empty can test)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-thickness tear</td>
<td>53 - 86</td>
<td>58 - 82</td>
<td>2.05 - 2.94</td>
<td>0.24 - 0.57</td>
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<tr>
<td>Partial-thickness tear</td>
<td>32 - 79</td>
<td>58 - 67</td>
<td>1.00 - 1.88</td>
<td>0.36 - 1.00</td>
</tr>
<tr>
<td>Supraspinatus strength testing (full can)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-thickness tear</td>
<td>77</td>
<td>74</td>
<td>2.96</td>
<td>0.31</td>
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<tr>
<td>Infraspinatus strength testing (external rotation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Full-thickness tear</td>
<td>51</td>
<td>84</td>
<td>3.19</td>
<td>0.58</td>
</tr>
<tr>
<td>Partial-thickness tear</td>
<td>19</td>
<td>69</td>
<td>0.61</td>
<td>1.14</td>
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<tr>
<td>Subscapularis strength testing (lift off test)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-thickness tear</td>
<td>75</td>
<td>100</td>
<td>—</td>
<td>0.25</td>
</tr>
<tr>
<td>Drop arm sign</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-thickness tear</td>
<td>15 - 35</td>
<td>88 - 100</td>
<td>2.79 - 2.92</td>
<td>0.74 - 0.85</td>
</tr>
<tr>
<td>Partial-thickness tear</td>
<td>6 - 14</td>
<td>78 - 96</td>
<td>0.64 - 1.50</td>
<td>0.74 - 0.98</td>
</tr>
<tr>
<td>Painful arc sign</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Full-thickness tear</td>
<td>45 - 76</td>
<td>62 - 79</td>
<td>2.00 - 2.14</td>
<td>0.39 - 0.70</td>
</tr>
<tr>
<td>Partial-thickness tear</td>
<td>38 - 67</td>
<td>47 - 73</td>
<td>1.26 - 1.41</td>
<td>0.70 - 0.85</td>
</tr>
</tbody>
</table>

LR, likelihood ratio.
Knee

- A lot of knee pain can be due to abnormal mechanics at hip and/or ankle.
  - PT will *(should) screen for this*
- Knee joint likes low impact movement
- Baby boomers and joint replacements (knee and hip)
  - Pre-operative PT can help improve ROM and quad strength and many times buy time/delay scheduling surgery. The better they move before surgery, the better they will move after surgery
    - Address other pre-op co-morbidities: obesity
Writing an order for Physical Therapy

• **PT eval and treat not acceptable**

• Prescription needs:
  • Patient’s name
  • Diagnosis
    • ICD-9, ICD-10
      • Right shoulder pain (719.41), right shoulder subacromial bursitis (726.19), right shoulder rotator cuff syndrome (726.1)
  • Frequency and duration
    • 2 X/week for 4 weeks
      • If you write 1x/week, the patient can not come in more often than ordered, but can come in less than ordered. Medicare does not like 1-3 times/week
  • Signed with designation
Medicare Requirements for outpatient PT

- Therapy Cap
  - ~$1,800/calendar year or approx. 18 visits of PT/year

- Functional Reporting/G-codes
  - Required every 10\textsuperscript{th} visit (PT, OT, ST)
  - 4 different PT codes are designated as “GP”
    - Mobility
    - Changing/maintaining body position
    - Carrying, moving and handling objects
    - Self Care
  - 7 modifiers of severity
# Functional Limitation Severity Modifier Codes

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Impairment Limitation Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH</td>
<td>0% impaired, limited, or restricted</td>
</tr>
<tr>
<td>Cl</td>
<td>At least 1% but less than 20% impaired, limited, or restricted</td>
</tr>
<tr>
<td>CJ</td>
<td>At least 20% but less than 40% impaired, limited, or restricted</td>
</tr>
<tr>
<td>CK</td>
<td>At least 40% but less than 60% impaired, limited, or restricted</td>
</tr>
<tr>
<td>CL</td>
<td>At least 60% but less than 80% impaired, limited, or restricted</td>
</tr>
<tr>
<td>CM</td>
<td>At least 80% but less than 100% impaired, limited, or restricted</td>
</tr>
<tr>
<td>CN</td>
<td>100% impaired, limited, or restricted</td>
</tr>
</tbody>
</table>
Medicare Documentation Requirements

- Plan of Care (POC)
  - Based off of functional long term goal’s
    - “Patient will be able to independently perform light household cleaning activities (cleaning kitchen counters, washing dishes, and putting away dishes above shoulder height with less than 2/10 shoulder pain in 6 weeks”
    - Impairments no longer acceptable
      - Improve shoulder ROM to WNL’s
      - Decrease pain
  - MD re-certification
    - MD must sign/verify that they agree or disagree with the Plan of Care created for patient
    - At the bottom of eval or progress report there is an area where you should sign that you agree or disagree with POC. Please sign and fax back so we can be Medicare compliant...
Wellness benefit Considerations

- Movement **screens** before starting exercise
  - High school pre-participation screens
  - Sending individual to gym to start working out for weight loss
- Interdisciplinary approach to wellness
  - Overweight, type II diabetic with bilateral knee OA
    - PT, medical, nutrition, psych all need to work together with common goal to get patient healthy!

We can do Better!!!
Is Sitting the new Smoking?

• In a study published in May of 2010 in "Medicine and Science in Sports and Exercise", researchers found that men who spent more than 23 hours a week watching TV and sitting in their cars had a 64 percent greater chance of dying from heart disease than those who sat for 11 hours a week or less.

• Copied directly from: Addition by Subtraction article written by Dr. Lee Burton 2/18/15. (Email I received last week from Functionalmovement.com)
Good websites/resources

- **www.moveforwardpt.com**
  - APTA public access website, info on finding PT’s, general info about PT and various common conditions we treat

- **www.functionalmovement.com**
  - Gray Cook, PT’s website with videos, podcasts, links to research and continuing education/certification
  - Look at: “addition by subtraction” article and also click link in article to “fitness tips for desk jockeys”

- **www.backfitpro.com**
  - Stuart McGill, Professor at University of Waterloo’s website with links to textbooks, and articles.
Questions/Open Discussion

• What can I do as a PT to make your job as a Physician easier???