

# Physician

*The Independent Medical Business Newspaper*

Physicians frequently collaborate with physical therapists in order to achieve optimal results for patients. Yet, the physician is often mystified by what the PT is doing, and vice versa. As a physical medicine and rehabilitation specialist, I have worked with many physical therapists in many settings and currently work with three physical therapists providing care in a pain clinic. My experience with physical therapists over the years has been an education in itself. What I've found is that taking time to understand what PTs are doing, and why, can yield improved outcomes for my patients. This article looks at some of the reasons why physicians and PTs feel stumped about each other's work—and what you can do to work together more collaboratively and effectively.

## **Specialization— it's not just for doctors**

Just like physicians, PTs tend to specialize—and therein lies much of the confusion over what they are doing and why.

To practice in Minnesota, physical therapists need a master's or doctorate degree as well as hands-on experience and a license from the state board.

## **Physicians and physical therapists**

### *Mutual understanding aids in collaboration*

**By Andrew Will, MD**

Physical therapists typically have a master's degree, which takes approximately two and a half years of full-time graduate school training. Many recent graduates are now obtaining a doctorate degree, which can add a year to their training.

Many of the new graduates elect to start their careers working at large health care settings, such as hospitals, where they can continue to learn from other physical therapists and often have an opportunity to work with a variety of patients. Like medicine, physical therapy is a broad field so, over time, most physical therapists focus on rehabilitation in a specific field, such as orthopedic, cardiac, pediatric, spinal cord injuries, brain injuries, stroke, etc. For example, spinal cord injuries and brain injuries are often treated in the same hospital unit; however, the therapists

working in the unit may specialize in one area or the other. It would be relevant for you to know which PT would be treating your patient.

It makes sense that physicians will best understand the work of the physical therapists who work in the same field of medicine. I started my career working in a spinal cord injury unit. Through my close work with the physical therapists in this unit, I gained an appreciation for the specific techniques they used. I had the opportunity to watch the patients being treated by physical therapists in the rehab gym and had weekly meetings with the entire spinal cord injury team, which included the physical therapists. Later, I switched to working in pain management, where the physical therapy techniques are somewhat different. Again, I have been able to learn from

the physical therapists I work with daily.

Like physicians who specialize in a particular medical field, physical therapists working in the same specialized field will frequently have different opinions about how to treat a patient. This is perhaps the key reason why it is difficult for medical physicians to get a thorough understanding of physical therapy.

Until you appreciate that physical therapy, like your own medical specialty, is an evolving field, you will be frustrated with the lack of specific PT guidelines for treatment. Though research is certainly being done in the field of physical therapy and progress is being made, the limited funding and subjective endpoints have made it difficult to identify which physical therapy methods work best for particular conditions.

In the specialty of pain management, for example, there are at least half a dozen major physical therapy strategies covering flexion and extension exercises. One example would be passive techniques, where the physical therapist is doing most of the work. This would include myofascial release, where the physical therapist works to stretch

## Direct access and physical therapy

and free the fascia that envelops our muscles. There are also active rehab strategies like MedX. Another would be MedX strengthening machines—large pieces of equipment that a patient sits in and actively flexes and extends against resistance. These machines isolate and strengthen neck and back muscles that need strengthening. The postural restoration technique emphasizes exercises that restore proper posture and balance of the body. One last example is the McKenzie approach, which focuses on using specific, often extension-type exercises.

Often, a physical therapist will be skilled at many techniques but may have a stronger interest in one particular method. For example, at our clinic, each of the PTs has a particular interest and specialized training in one of the methods described above.

Though the range of PT options can make the field difficult for physicians to navigate, it also has certainly benefited patients. Keep in mind that there is rarely just one method that could benefit a patient.

Just the availability of a certain method of PT can play a role in deciding a course of treatment, either because of the PT's area of expertise or the patient's availability. For example, what if postural restoration techniques appear to be a great treatment for a patient, but there are no

For years, physical therapists in Minnesota have been allowed to treat patients for up to 30 days before a physician's prescription becomes necessary for any further physical therapy. A change in the law in 2008 changed the limit to 90 days.

Some physical therapists in Minnesota advocate a further change in state law that would allow physical therapists to treat patients without a physician's prescription, as they see fit and for as long as they consider necessary. Advocates for direct access with no time limit believe that physical therapists have been educated well enough to oversee the patient's care without a physician.

Opponents, including many physician organizations such as the Minnesota Medical Association, have pointed out that only a physician's education provides the broad training needed to evaluate and test for all of a patient's potential health problems. Furthermore, opponents say, direct access would potentially undermine the supportive relationship physical therapists have provided to physicians. Under an unlimited direct-care arrangement, while caring for the same patient, the physical therapist would no longer be obligated to follow the physician's prescription since the PT would be considered an independent provider.

Even though direct access is allowed by law, many insurance companies have continued to insist on a physician prescription, in the belief that physicians are best able to determine the medical necessity of the physical therapy services and thereby prevent excessive or unwarranted physical therapy services.

To learn more about past and proposed legislation regarding unlimited direct access to physical therapy, visit the Web site of the Minnesota Legislature at [www.leg.state.mn.us/leg/legis.asp](http://www.leg.state.mn.us/leg/legis.asp) and enter "physical therapy" in the Search Legislature box at the top right side of the page.

physical therapists in the patient's geographic area who are trained in this type of PT? Or what if a patient lives in the city where there may be plenty of MedX machines, but the patient is unable to attend the 20 visits required because of his or her work schedule? These are some of the factors that must be taken into consideration when developing a physical therapy program for a patient.

Difficulties that physical therapists have in working with physicians come down to limitations in communication. Physical therapists often work at a different site from the referring physician; they don't have access to the physician's notes on the patient; and they have a dif-

ficult time establishing two-way communication with the prescribing doctor. Often, there's a lot of phone tag between the PT and physician during clinic hours.

At our pain clinic, we have worked to overcome some of these communication hurdles by having physicians and PTs all working from the same medical charts and working side-by-side in the same office.

### Defusing confusion

So, how can you become better informed about and more comfortable with the various physical therapy options and the PTs who work with your patients?

***Spend time learning about the physical therapy***

***strategies that apply to your field(s) of interest.*** This is often done in residency and fellowships, but direct interactions with the physical therapists in their field provide an opportunity to continue the learning process.

***Learn about the skills and opinions of the physical therapists you can work with.*** Establishing a consistent working relationship with a few selected physical therapists can enhance the care you are able to provide to patients.

### Working toward mutual understanding

Because physical therapy is a broad field, physicians are often unclear about what a physical therapist can do to treat a particular patient or condition. Similarly, our physician specialties are also very broad and confusing to the physical therapists. By becoming familiar with all the physical therapy strategies of my specific field and by taking the extra step of learning the skill sets and philosophies of the particular therapists I work with, I have found that I am able to better meet the needs of my patients. By working collaboratively, physicians and physical therapists are able to better understand what each can contribute. ■

**Andrew Will, MD**, is a physiatrist, a board-certified specialist in physical medicine and rehabilitation, and medical director at Twin Cities Pain Clinic in Edina.