

Direct Access to Physical Therapy Reduces Costs to Treat Neck and Back Pain

Patients who begin care with a physical therapist for neck or back pain, rather than first seeing a physician, may have comparable improvement at reduced costs.

ALEXANDRIA, VIRGINIA, UNITED STATES, February 14, 2018 /EINPresswire.com/ -- Patients who begin care with a physical therapist for neck or back pain, rather than first seeing a physician, may realize comparable improvement in their condition at significantly reduced costs, according to a new study published in the February 2018 issue of the Journal of Orthopaedic & Sports Physical Therapy® ([JOSPT®](#)).

In the United States alone, approximately \$85 billion are spent annually on spine conditions, with an additional \$10 to \$20 billion attributed to lost productivity. It is estimated that 31% of people in this country experience neck and/or low back pain in their lifetimes, suggesting that any treatment cost reduction is likely to have important economic and individual health impacts.

The study by researchers in the United States found that on average, each patient seen through a specially designed physical therapy direct access program cost the third-party payer \$1,543 less than a patient who accessed care through the program's traditional screening by a primary care medical physician and subsequent referral to physical therapy. Further, patients who chose direct access to physical therapy for their [neck and back pain](#) reported similar average improvement of more than 50% in pain and disability in the year following the start of care.

The researchers also noted that when patients in this program elected to see a physical therapist first, there were no identified incidents of missed diagnosis or delays in care because of physical therapists' clinical decision making.

"These results contribute to a growing body of literature that direct access to physical therapy may be a more cost-effective approach for patients with back and neck complaints," says co-author Charles A. Thigpen, PT, PhD, ATC, with ATI Physical Therapy and the Center for Effectiveness Research in Orthopedics, University of South Carolina, both in Greenville, South Carolina.

"Patient safety is often cited as a key reason to limit direct access to physical therapy," Dr. Thigpen adds. "In fact, 68% of patients with direct access to physical therapy through this program had a resolution of their symptoms without further medical referral. These results suggest that direct access to physical therapy should be considered as a first-line intervention for acute or chronic onset of back and neck pain."

Dr. Thigpen and his fellow researchers analyzed data for 603 patients who sought care for neck or back pain from January 1, 2012 through December 31, 2013 and chose either traditional medical referral or direct access to a physical therapy-led spine management program. The program represented a partnership among a private physical therapy organization, Greenville Health System, and Steadman Hawkins Clinic of the Carolinas to offer alternative means of accessing treatment for back and neck pain.

This collaboration involved training for participating physical therapists in such areas as clinical practice guidelines for neck and back pain, screening of patients for appropriateness of physical therapy intervention, and identifying patients whose progress did not meet benchmarks for improvement. When necessary, consultations with a senior physical therapist and fellowship-trained spine surgeon or physical medicine and rehabilitation physician led to recommended medical plans that included further imaging, injections, surgery, or referral to pain management, as appropriate.

The researchers caution that because data evaluated were from a retrospective study of relevant clinical and claims data from a single employer and health system, additional research is needed to generalize their findings. In addition, the study only represents patients who participated in a standardized physical therapy program.

The study is titled “The Influence of Patient Choice of First Provider on Costs and Outcomes: Analysis From a Physical Therapy Patient Registry.” Co-authors on the paper are Thomas R. Denninger, PT, DPT, OCS, FAAOMPT, of ATI Physical Therapy, Greenville, South Carolina; Chad E. Cook, PT, PhD, FAAOMPT, with the Doctor of Physical Therapy Division, Duke University, Durham, North Carolina; Cole G. Chapman, PhD, of the Center for Effectiveness Research in Orthopedics, University of South Carolina, Greenville, South Carolina; and Timothy McHenry, MD, with Steadman Hawkins Clinic of the Carolinas, Greenville Health System, Greenville, South Carolina. The research report’s full citation is: J Orthop Sports Phys Ther 2018;48(2):63-71. Epub 26 Oct 2017. doi:10.2519/jospt.2018.7423

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