

The Brookbush Institute Publishes a NEW Article Update: 'Best Physical Therapy Approach (Physical Medicine)'

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NEW YORK, NY, UNITED STATES, August 14, 2026 /EINPresswire.com/ -- Related Article: [Best Physical Therapy Approach \(Physical Medicine\): Evidence-Based Treatment Selection](#)
Related Article: [Best Resistance Training Approach: Evidence-Based Model for Program Design](#)
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Imagine placing every physical rehabilitation technique ever conceived in a pile on a table; every modality, manual technique, & exercise from every profession (PT, DC, etc.). Which would you choose?”

Dr. Brent Brookbush, CEO of Brookbush Institute

Readers of the recent "Best Resistance Training Approach" article already know the method: define "best" as expected value, state the axioms, derive the theorem, and build the model from all of the comparative research. That article was actually the second application of the method. The first, published for physical rehabilitation, argued that a

best combination of interventions exists in every treatment session. It has now been updated to meet the standard the resistance training article set, and the update changes more than the polish.

The original article asserted its conclusion; the update proves it. The axiom set has grown from ten to twelve, the rules of evidence (vote counting and total-evidence review) are now stated as axioms rather than methods, and the claim that refinement converges toward a best approach is no longer assumed. It is derived, as a theorem, from axioms that can be individually examined and challenged. Both articles in the series now share the same structure: reject an axiom, or accept the conclusion.

For professionals who work both sides, coaching and rehabilitation, the comparison between the two articles may be the most useful section ever added to either. Rehabilitation is a selection problem: a pile of techniques, a fixed session, every technique chosen is a technique excluded.

Resistance training is a specification problem: nothing is excluded, every variable is set in every program, and the constraint is recovery rather than time. Same definition of "best," same rules of evidence, different mathematics. And the two problems nest inside each other: choosing exercises within a program is a small selection problem, and dosing a therapeutic exercise is a small specification problem. A professional who treats in the morning and coaches in the afternoon is solving both problems every day; the updated article is the instruction manual for the first, and the resistance training article is the instruction manual for the second.



Best Physical Therapy Approach (Physical Medicine):
Evidence-Based Treatment Selection -
<https://brookbushinstitute.com/articles/best-physical-therapy-approach>

The update also sharpens what the framework replaces: modality-driven treatment, allegiance to preferred techniques, assessments that never change a treatment plan, and interventions justified by any post-hoc improvement. Best is not a philosophy. Best is the combination of interventions with the highest expected value that fits in the session, and there is now a proof that it exists.

Check out the fully updated article, by following the link...

Brent Brookbush

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