



Body System: Musculoskeletal		
Session Topic: Physical Therapy Prescriptions		
Educational Format		Faculty Expertise Required
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
Professional Practice Gap	Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> • Knowledge gap in understanding the efficacy of physical therapy prescriptions for patients presenting with various health conditions. • Knowledge gap in understanding how physical therapy fits into a multimodal program for patients with system illnesses. • Knowledge gap related to fostering patient adherence to physical therapy prescriptions. • Knowledge gaps with regard to providing appropriate and thorough documentation. 	<ol style="list-style-type: none"> 1. Use evidence-based recommendations to order physical therapy prescriptions, based on clinical evaluation of the presenting health condition. 2. Use evidence-based recommendations to order physical therapy prescriptions as an adjunct to a multimodal program in the treatment of chronic musculoskeletal conditions. 3. Foster patient adherence to physical therapy prescriptions by engaging patients in creating collaborative care plans, and by having a care coordination plan that tracks referral completion, correspondence and patient feedback. 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.
ACGME Core Competencies Addressed (select all that apply)		
X	Medical Knowledge	Patient Care
X	Interpersonal and Communication Skills	Practice-Based Learning and Improvement
	Professionalism	Systems-Based Practice
Faculty Instructional Goals		
Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art,		



science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
 - Visit <http://www.aafp.org/journals> for additional resources
 - Visit <http://familydoctor.org> for patient education and resources
- Provide specific case-based examples of effective physical therapy prescriptions for acute and chronic health conditions
- Provide specific resources and strategies to foster patient adherence to physical therapy prescriptions by engaging patients in creating collaborative care plans, and by having a care coordination plan that tracks referral completion, correspondence and patient feedback

Needs Assessment

Physical therapy prescriptions are commonly ordered by primary care physicians. In 2010, primary care physicians ordered or provided physical therapy prescriptions in over 28 million office visits.¹ The American Academy of Family Physicians (AAFP) Practice Profile Survey indicates that only 13.6% of family physicians provide physical therapy to patients in their office practice, and over 60% of family physicians do not desire to offer physical therapy.² This same survey also indicates that lack of training is a strong factor as a reason why family physicians do not provide physical therapy services in the office setting.

A recent AAFP CME Needs Assessment Survey indicates that family physicians have a statistically and meaningful gap in knowledge and medical skill necessary to appropriately order physical therapy prescriptions.³ More specifically, CME outcomes data from 2014 AAFP Assembly: *Physical Therapy Prescriptions* sessions suggest that family physicians have knowledge and practice gaps with regard to the use of ice and heat therapy; coaching patients about at-home techniques; providing an appropriate amount of specificity regarding physical therapy prescriptions; understanding what prescriptions to order for which injuries; and providing appropriate and thorough documentation.⁴

There are numerous guidelines recommending physical therapy for the management of musculoskeletal conditions; however, specific recommendations are often lacking concerning which exercises and adjunct modalities to use.⁵ Family physicians should understand the elements of effective physical therapy prescriptions, in what situations does physical therapy provide the most benefit to the patient, and how does physical therapy fit into a multimodal program for patients with systemic illness.



Family physicians should consider the evidence-based recommendations found in The Physical Therapy Prescription from the December 1st issue of the *American Family Physician*. The authors outline key recommendations for practice; describe the appropriate use of exercise and adjunct modalities, therapeutic exercise, ultrasound, phonophoresis, iontophoresis, electric stimulation, low-level laser therapy, and an algorithm for the selection of physical therapy interventions to treat typical musculoskeletal injury. A review of the literature suggests that physical therapy:⁶⁻¹⁸

- Is acceptable in the treatment of acute low back pain
- May improve neck discomfort
- May improve common hip pain
- Decreases pain and improves function in the treatment of knee osteoarthritis
- Physical therapy is no more effective than sham therapy in reducing pain and improving function in adults with hip osteoarthritis
- Is helpful in the conservative treatment of biceps tendinitis and tendinosis
- Is adjunct with combined steroid and local anesthetic injections in the treatment of chronic shoulder pain
- Can be helpful in maximizing future function of the shoulder for acute shoulder injuries
- A multimodal exercise program may show significant improvements in spinal mobility, work capacity, and chest expansion for patients with ankylosing spondylitis
- Multimodal physical therapy programs seem to moderately enhance the general health state and HRQoL of patients with chronic musculoskeletal diseases
- When performed by specially trained physical therapists, can reduce pain and improve sexual function in patients suffering from chronic prostatitis/chronic pelvic pain syndrome
- Is an important aspect of a multimodal treatment for patients with fibromyalgia
- Constitutes a core component of managing persistent pain in older patients (Including exercise, or other movement-based programs such as tai chi)

Physicians can foster patient adherence to physical therapy prescriptions by engaging patients in creating collaborative care plans, and by having a care coordination plan that tracks referral completion, correspondence and patient feedback.^{19,20}

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- The physical therapy prescription⁵
- Diagnosis and treatment of acute low back pain⁸
- Cervical radiculopathy: nonoperative management of neck pain and radicular symptoms⁹
- Hip impingement: identifying and treating a common cause of hip pain¹⁰
- Treatment of knee osteoarthritis¹¹
- Diagnosis and treatment of biceps tendinitis and tendinosis¹²
- Chronic shoulder pain: part II. Treatment¹³
- Acute shoulder injuries¹⁴
- Simple tools to increase patient satisfaction with the referral process¹⁹



- Engaging Patients in Collaborative Care Plans²⁰
- FamilyDoctor.org. Going to a Physical Therapist (patient resource)²¹
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References

1. Centers for Disease Control and Prevention (CDC). National Ambulatory Medical Care Survey. In: Ambulatory and Hospital Care Statistics Branch, ed2010.
2. AAFP. 2010 Practice Profile I. American Academy of Family Physicians; 2011:31.
3. AAFP. 2012 CME Needs Assessment: Clinical Topics. American Academy of Family Physicians; 2012.
4. American Academy of Family Physicians (AAFP). AAFP Assembly CME Outcomes Report. Leawood KS: AAFP; 2014.
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6. Makris UE, Abrams RC, Gurland B, Reid MC. Management of Persistent Pain in the Older Patient A Clinical Review. *JAMA : the journal of the American Medical Association*. 2014;312(8):825-836.
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11. Ringdahl E, Pandit S. Treatment of knee osteoarthritis. *American family physician*. Jun 1 2011;83(11):1287-1292.
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20. Mauksch L, Safford B. Engaging Patients in Collaborative Care Plans. *Family practice management*. 2013;20(3):35-39.
21. FamilyDoctor.org. Going to a Physical Therapist. 2000; <http://familydoctor.org/familydoctor/en/teens/food-fitness/going-to-a-physical-therapist.html>. Accessed August, 2013.