

# Early physical therapist treatment associated with reduced risk of healthcare utilization and reduced overall healthcare

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A new study published in *Spine* shows that early treatment by a physical therapist for low back pain (LBP), as compared to delayed treatment, was associated with reduced risk of subsequent healthcare utilization and lower overall healthcare costs.

Using a [national database](#) of employer-sponsored [health plans](#), researchers examined a sample of 32,070 [patients](#) who were newly consulting a primary care physician for [low back pain](#). Patients were identified and categorized based on their use of physical therapist services within 90 days of the consultation. Those who were referred to a physical therapist early (within 14 days of the consultation) showed a reduced risk of subsequent healthcare utilization and experienced lower overall healthcare costs than did those patients with delayed treatment by a physical therapist (within 15-90 days of consultation).

During an 18-month follow-up period, researchers found that early treatment by a physical therapist was associated with reduced risk of subsequent surgery, injections, physician visits, opioid use, and [advanced imaging](#), along with a corresponding reduction in overall LBP-related [medical costs](#) relative to delayed treatment by a physical therapist. Total [healthcare costs](#) for patients receiving early care from a physical therapist were an average of \$2,736.23 lower.

According to the study's lead author, Julie M. Fritz, PT, PhD, ATC,

associate professor in the Department of Physical Therapy at the University of Utah and clinical outcomes research scientist at Intermountain Healthcare in [Salt Lake City](#), "The value of referring patients to physical therapy who are newly consulting [primary care physicians](#) for low back pain likely depends on the timing of the referral and how patients adhere to physical therapy guidelines that recommend maintaining and improving activity levels." She added, "Despite the fact that primary care practice guidelines generally recommend delaying referral to a physical therapist for several weeks, we found that about half the patients receiving treatment from a physical therapist did so within two weeks, which is a practice that may be justified by emerging evidence."

Fritz explained that one possible reason for the link between early care by a physical therapist and positive outcomes may be that physical therapists can contribute to promoting a greater sense of self-reliance in managing LBP and confidence in a positive outcome. "If a physical therapist's treatment assists in developing self-efficacy, it is reasonable to expect it would have greater impact when implemented very early, before negative expectations have become reinforced and entrenched." Fritz added that early care administered by a physical therapist may offer an alternative to management strategies that can foster a sense of dependency in the patient, such as use of MRI or opioids.

The study found that patients using a PPO plan were more likely to receive early treatment from a physical therapist (53.4%) as compared with those using an HMO plan (44.7%). Also, the highest rates of physical therapist utilization were found in the Northeast and West. Patients in the Midwest were more likely to seek early treatment from a physical therapist (58.7%).

An April 20 study in *Spine* also supports the benefits of early physical therapy for low back pain. In this study, researchers found that patients

who received physical therapy early (within 30 days) after an episode of acute low back pain had a lower risk of subsequent medical service usage (surgery or epidural steroid injections) than patients who received [physical therapy](#) later. In this study, authors analyzed a national sample of the Centers for Medicare and Medicaid Services' physician outpatient billing claims.

Currently 47 states and the District of Columbia allow some form of direct access to physical therapists for treatment/intervention, although some states impose restrictions if patients have not been referred by a physician.

Provided by American Physical Therapy Association

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