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Direct Access to Physical Therapy

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Step 1: Legalization of Direct Access to Physical Therapy

The Michigan Physical Therapy Association succeeded in passing a bill through the Michigan legislature which allows health care consumers direct access to physical therapy services. The bill, SB 690, was signed into law by Governor Snyder on July 1, 2014 and went into effect on January 1, 2015. "Direct access" means that patients may be treated by a licensed physical therapist without first obtaining a prescription from a physician. Physical therapy may then proceed for a total of 10 visits or 21 days, whichever comes first. The bill also allows patients to consult physical therapists for purposes of injury prevention and fitness promotion. Physical therapy becomes the entry point into the healthcare system. The bill does not change the physical therapy scope of practice, but it does remove a significant impediment to obtaining skilled physical therapy services.



There are several advantages to this health care reform. First of all, without the necessity of obtaining a physician prescription, the patient is able to avoid delaying the initiation of physical therapy services. There may be significant cost savings inherent in direct access. When physical therapy treatments are started sooner, painful conditions can be addressed quickly before they become worse, reducing the amount of medical testing, imaging, and other treatments that may become necessary if physical therapy is delayed. Less testing and medical treatment, including medication, improve patient satisfaction, increase the likelihood of a positive outcome, and reduce costs for patients and insurers.

Two studies highlight positive outcomes with direct access to physical therapy. In one study which analyzed 4 years of claims from Blue Cross Blue Shield of Maryland conducted by Johns Hopkins and Georgetown Universities, the researchers found that paid claims for doctor-referred physical therapy were 2.2 times higher (an average of \$1,232/episode) than claims paid for direct access physical therapy. In the second study which was conducted by the Center for Public Health Studies (University of Iowa) between 2003-2007 involving 63,000 physical therapy outpatients in Iowa and South Dakota, the researchers found that patients participating in physical therapy without a physician-referral had fewer therapy visits than those with physician-referral. The study concluded that direct access did not lead to overuse of therapy services. Furthermore, individuals in both the self-referral and physician-referral groups had similar utilization rates in the medical care system during therapy and afterward.



Physical therapists are trained to collect a patient's health history including current complaints, review medical systems, screen for related musculoskeletal problems, and conduct a thorough physical examination. Physical therapists are trained to recognize unusual findings or signs and symptoms that require immediate referral to other health care providers, such as physicians, where a diagnosis can be made.

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Despite all the potential positive results that may be possible with direct access to physical therapy services, the new Michigan law does not require insurance companies to pay for physical therapy services acquired through direct access. Many of the major private and public insurers such as Blue Cross Blue Shield of Michigan continue to require a physician prescription. In addition, Medicare patients are mandated to be under the "care of a physician" (per a 2005 benefit manual). Once a plan of care is written by the physical therapist, it must be certified by a physician within 30 days of the initial start of care. Once approved, recertification is required every 90 days. So it is clear that legalization is truly the first step.

Step 2: Where does the physical therapy community go from here?

So, what must the physical therapy community do to move forward with this initiative? It will require educating patients, health care providers, and insurers about the benefits that can be obtained by funding direct access, including reduced medical care costs, more health care choices for patients, improved patient outcomes, and improved patient satisfaction. Patients may have the opportunity to become more proactive, knowledgeable, and fully engaged in their own healthcare acquisition.

If your insurance company participates in direct access physical therapy, just call Oakland Physical Therapy, P.C. for an appointment. You are eligible for up to 10 visits or 21 days of physical therapy through direct access. To continue physical therapy beyond that, you must contact your physician for a referral for physical therapy.



One More Reason to Quit Smoking

Frank Kava, PT, MS, OCS, OMPT

Many studies have shown the negative effects of nicotine and cigarette smoking on the human body. Recent studies have been done to assess the effect of smoking on rotator cuff tendon degeneration, cellular alterations, proliferation and apoptosis of tendon cells. Apoptosis refers to the actual death of tendon cells. This most recent study compared smokers and non-smokers with rotator cuff tears. Researchers found that smokers had torn supraspinatus tendons, which were more pronounced with degeneration, reduced cellularity and increased apoptosis. Previous clinical reports have indicated that smokers are more prone to degenerative changes in the rotator cuff tendon, reduced functional outcome after repair, and reduced ability for the tendons to heal after repair. Patients with rotator cuff tendonitis and their physicians need to be aware of the negative effects of smoking on tendon healing. Apparently, smoking cessation is mandatory to obtain the best structural and functional outcomes after rotator cuff repair. It is unclear whether the negative effects of smoking are due to nicotine or other substances contained in cigarettes. Nicotine and carbon monoxide decrease tissue oxygenation and are associated with increased tendon degeneration. There is a need for further research on the effects of smoked tobacco versus medicinal nicotine and other smokeless tobacco products on tendon degeneration. Pronounced degenerative changes in smokers may indicate a decreased tendon healing capacity following injury and surgery.



Bike Fit

Dr. Nicole Lorenz, DPT

Despite the wintery scene outside, spring is right around the corner. Springtime means getting outside and being active. A great way to enjoy the nice weather is bicycling. Before getting on the road for the spring season consider having the fit of your bicycle evaluated. A proper bike fit can help reduce mechanical stressors, which may lead to discomfort and injury. Most common, non-traumatic, cycling injuries are preventable.

Common cycling injuries include:

- Hip and knee pain
- Patellar, quadriceps tendonitis
- Iliotibial band syndrome
- Neck and back pain
- Medial tibial stress syndrome
- Numbness in the hands and feet
- Achilles tendonitis



A certified Bike Fit Pro can assist a cyclist in preventing common injuries with evaluation of bicycle fit and alignment, rider position, pedaling mechanics and appropriate training. An individual's training consists of what they do on and off the bike, such as training volume, terrain and speed, as well as time spent developing strength and flexibility. Bike fit incorporates evaluation and adjustment of the foot-pedal interface and proper alignment of knee, shoulder, elbow and wrist positions. However, bike fit should not be confused with bike sizing. Bike sizing is the proper selection of bicycle frame size; this is determined largely by inseam length and should be performed during the purchase of a bike.

A bicycle fit evaluation takes into consideration the individual as a whole. A rider must be evaluated both on and off the bike to determine anatomical differences that may contribute to improper alignment, as well as the manner in which the rider's body interacts with the bicycle. Individual differences such as, decreased muscle length, strength imbalances, and poor posture can contribute to overuse injuries. Avid cyclists often experience shortening of the calf and hamstring musculature as well as, psoas (hip flexor) muscles.



Dr. Nicole Lorenz, DPT is a certified level 1 BikeFit Pro, and can work with you on evaluating your specific needs related to cycling. Proper bicycle fit is important for both the elite-level cyclist as well as the casual cyclist or weekend warrior. Call Oakland Physical Therapy, P.C. if you are interested in having a bike fit session with Dr. Nicole Lorenz, DPT to get ready for the bike riding season!

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Oakland Physical Therapy specializes in Orthopedic Manual, Performing Arts, and Sports Physical Therapy

We integrate the Pilates method of exercise into patient treatment programs as well as offering individual and group Pilates sessions. Exercise programs are individually designed for each of our patients to maintain optimal performance and conditioning throughout the course of treatment. We also offer a fitness program to our patients to continue their exercise program at our facility after discharge from treatment.

Oakland Physical Therapy Newsletter Produced By Grace Dzwonkowski, Office Manager &
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