

## Position Statement

### Physician-Owned Physical Therapy Services

*This Position Statement was developed as an educational tool based on the opinion of the authors. It is not a product of a systematic review. Readers are encouraged to consider the information presented and reach their own conclusions.*

#### Introduction

Orthopaedic surgeons diagnose and treat patients with musculoskeletal diseases and conditions. They work with a number of health care professionals to provide follow-up care after an initial diagnosis has been made. Physical therapy as a profession developed due to the initiative of doctors specializing in the field of musculoskeletal medicine who sought to enhance the recovery and rehabilitation of their patients through focused training in exercise.<sup>1</sup> Physical Therapists have become an integral part of health care teams that improve patient outcomes.

There are a number of models that exist for the collaborative delivery of physical therapy. These models include free-standing physical therapy centers, Physical Therapists acting as independent contractors within physicians' office, and Physical therapists working as employees of physicians providing physical therapy as an in-office ancillary service (Physician Owned Physical Therapy Services (POPTS)).

#### Quality of Care

POPTS gives physicians a greater role in the physical therapy services provided to patients. In-office therapy allows therapists and physicians to work together as a team, exchanging information and sharing ideas. The frequency and immediacy of feedback allow for the fine-tuning of therapeutic protocols that serves to improve patient outcomes. A study comparing on-site physical therapy delivered in physician offices versus other sites concluded that patients who receive on-site physical therapy lose less time from work and resume normal duties more quickly.<sup>2</sup>

Frequent and timely feedback between therapists and physicians also reduces over-utilization of services. For example:

- If the doctor deems the desired outcome to have been achieved, then services can be immediately discontinued;
- If the doctor determines another therapy modality is appropriate, then a shift can be made in a timely manner;
- If it appears that physical therapy is not yielding desired results, other therapeutic techniques, including surgery, can be considered.

Finally, the ability to exchange information on a patient in a frequent and timely fashion serves to reduce errors. According to a study, 70 to 80 percent of medical errors are related to interpersonal interaction issues. Interpersonal interaction is critical to patient safety.<sup>3</sup>

#### Access to Care

There are several places where patients can receive physical therapy services, including hospitals, large for-profit physical therapy corporations, smaller individually owned facilities and physician-owned facilities. POPTS offers patients direct and immediate access to Physical Therapists after the physician has seen them. Moreover, patients have the ability to schedule physician and physical therapy appointments at or near the same time and in the same office. This eliminates the need for patients to travel to two different appointments. Prohibiting POPTS would substantially reduce patient options regarding where to receive proximate care. In some rural locations, closing down physician-owned physical therapy facilities may eliminate access completely to physical therapy services causing patients to have to travel long distances to receive needed care. Fewer physical therapy facilities will also result in treatment delays.

#### Legislative Activity

Recently, there have been attempts by some groups to add language, as well as interpret existing statutory language, to state Physical Therapy Practice Acts that would prohibit Physical Therapists from working for physicians and physician group practices.<sup>4</sup> These activities seem to be motivated more by the financial interests of those providing care than by what is in the best interests of patients. This approach may also result in the fragmentation of patient care.

***The American Association of Orthopaedic Surgeons (AAOS) believes that patients should have access to quality, comprehensive and non-fragmented care. Doctors, nurses, physician's assistants, Physical Therapists and other health practitioners work together, often in the same office, to provide comprehensive care to patients. Separation of these services would only serve to disrupt a patient's treatment and further inconvenience them.***

***The AAOS also believes that Physician Owned Physical Therapy Services should continue to be an alternative for patients. Patients should be given the ability to choose the site of care. Physicians employing Physical Therapists should communicate to the patient their financial interest in any physical therapy practice prior to referring the patient to the site. The physician should also discuss possible alternate sites for physical therapy services. In all instances, the AAOS believes that the best interest of the patient should be foremost when referring a patient for physical therapy services.***

#### **References:**

1. Ethical Physical Therapy Association, <http://222.ethicalpt.org/oppstrategy>
2. Hackett, GI; Blundred, P; Hutton, JL, O'Brien, J; Stanley, IM, Management of Joint and Soft Tissue Injuries In Three General Practices: Value of On-Site Physiotherapy, Br J Gen Pract. 1993 Feb; 43 (367): 61-64.
3. Interdisciplinary Teamwork is a Key to Patient Safety in the Operating Room, ICU, and ER, Agency for Health Care Research and Quality, available at [222.ahcpr.gov/research/jan04/0104RA25.htm](http://222.ahcpr.gov/research/jan04/0104RA25.htm).
4. Ethical Physical Therapy Association, <http://www.ethicalpt.org/faq>

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