



Do Most PTs Treat Back Pain Incorrectly?

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*One-to-One Treatment Always
with a Licensed Professional*

Your Therapy Team

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Jennifer Cavanaugh, PTA

**3,000 square foot facility
with private treatment
rooms**

Providing Physical Therapy for:

Orthopedic Complaints
Post Surgical Rehab
Work Injuries
Auto Injuries
Back Pain
Neck Pain
Vertigo / Vestibular Rehab
Lymphedema
Headaches

Functional Capacity Evaluations

Specially Certified In:

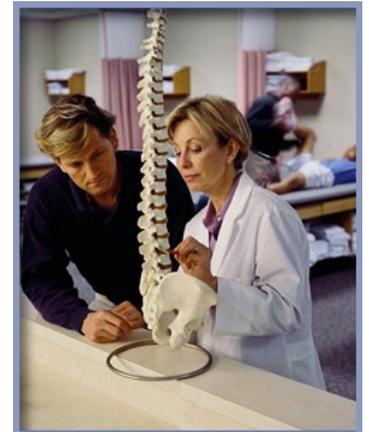
McKenzie Technique
Lymphedema Management
Vestibular Therapy
Graston Technique
Mulligan Technique
Functional Capacity Evaluations

Payment

Accepting Medicare and most
major insurance. Letters of
protection accepted.

In December 2012, *Spine* published a study wherein Julie Fritz and colleagues review the billing records of 32,070 patients who received a primary care consult for low back pain (LBP).¹ Last month, we reported to you the conclusion that waiting to make the physical therapy referral increased overall health care spending by an average of \$2,736. Patients who receive physical therapy within 14 days of their primary care consult spend less on health care while patients who receive physical therapy between 15 and 90 days of their PCP visit spend more. This large review adds to the growing body of evidence supporting the trend toward early PT referral.

This study also analyzes the performance of the physical therapists treating these patients and concludes that **79% of patients receive sub-optimal physical therapy treatment.** Physical therapy guidelines recommend an active approach for low back pain, from the acute phase forward.² There should be an emphasis on helping patients improve activity levels. Previous studies link an early, active approach to better outcomes with reduced costs.^{3,4}



The thousands of billing records reviewed by Fritz and colleagues suggest that 79% of LBP patients receive primarily passive therapies from their physical therapists for the first two weeks of therapy. Patients who received only one physical therapy visit were excluded from this observation. Researchers analyzed the CPT codes submitted by physical therapists to determine if guidelines for active treatment were being followed. Even "self-training management" was accepted as an active CPT code.

While the national average for active, guideline-compliant care was 21.5%, the Northeast was the worst area of the country. Physical therapists in the Northeast only provided guideline-compliant, active care to 16.8% of LBP patients. Women were less likely to receive early, active care than men.

The current study adds to the body of evidence demonstrating that active physical therapy in the first two weeks improves outcomes. While early referral to *passive* therapy still creates some cost containment, PCP patients who receive early referral to *active* therapy prove 49% less likely to require surgery and spend an average of \$1,374 less on healthcare compared to passive therapy.

At Enfield Health & Wellness Center, all care is individualized based on a comprehensive assessment. However, including active treatment with a hands-on approach is our standard, not the exception. When you want patients to have the most efficient, effective physical therapy possible, please tell your patients about Enfield Health & Wellness Center.



One-to-One Care by a Licensed Professional

At Enfield Health & Wellness Center, all scheduled time with your patient is one-to-one time with a licensed therapy professional. We do not use aides or trainers with your patients. We do not attempt to assess your patient while simultaneously monitoring other patients. We feel this difference results in physical therapy programs that progress more efficiently and in better-satisfied patients.

Enfield Health & Wellness Center

Doctor Recommended, Patient Preferred

REFERENCES

1. Fritz J, Childs J, Wainner R, Flynn T. Primary care referral of patients with low back pain to physical therapy: impact on future health care utilization and costs. *Spine*. 2012; 37 (25): 2114-21.
2. Delitto A, George S, Dillen L, et al. Low back pain: clinical practice guidelines linked to the international classification of functioning, disability, and health from orthopedic section of the American Physical Therapy Association. *J Orthop Sports Phys Ther*. 2012; 42 (4): A1-A57.
3. Fritz J, Cleland J, Brennan G. Does adherence to clinical practice guidelines for patients with acute low back pain improve the quality of care delivered by physical therapists? *Med Care*. 2007; 45: 973-80.
4. Fritz J, Cleland J, Speckman M, et al. Physical therapy for acute low back pain: associations with subsequent health care costs. *Spine*. 2008; 33: 1800-5.