APTA Federal
Primary Care SIG

Primary Care Physical Therapy Defined

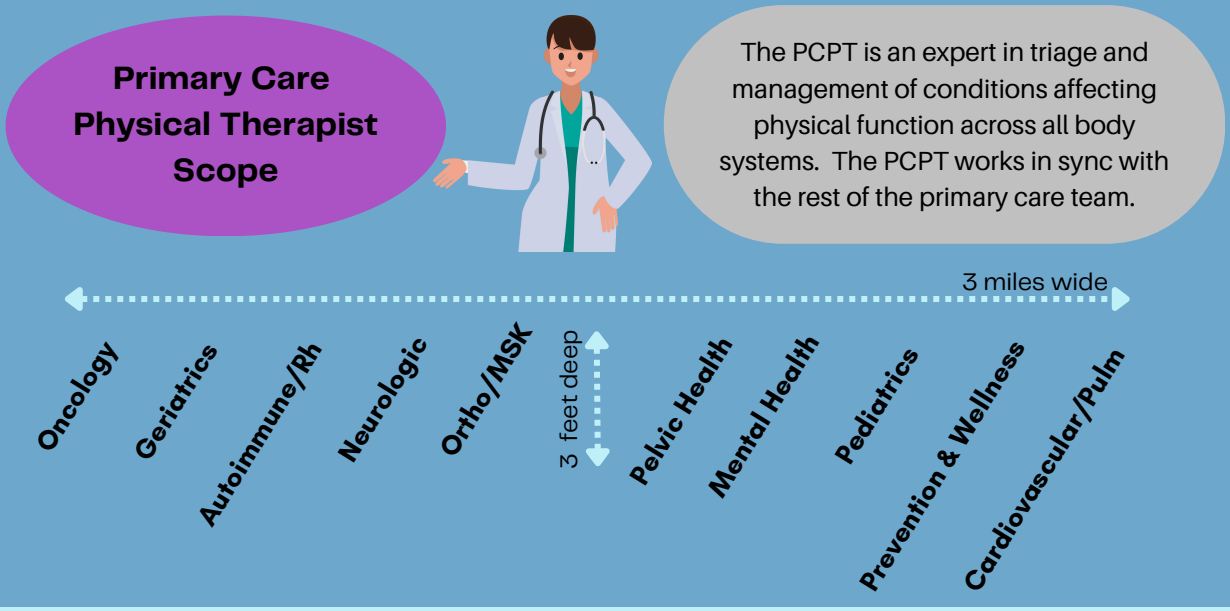
Definition: Primary Care Physical Therapy is defined as physical therapists providing comprehensive wellness, triage, diagnostic, and management services within primary care pathways for individuals with physical and functional needs. A primary care pathway can be defined as the organized and integrated plan of care and service delivery for an individual who seeks primary (first-line) health care services for preventative care or to address physical, social, emotional, cognitive or functional needs.

Reference: 1

Scope and Competency: The primary care physical therapist (PCPT) has clinical competence and knowledge across the body systems, across multiple specialty areas, and across the lifespan - the scope is 3 feet deep and 3 miles wide (Figure 1). The PCPT demonstrates advanced awareness of, and responsibility to, population health and systems of health care. This advanced knowledge allows the PCPT to optimally promote health, prevent disease, evaluate and manage physical and functional conditions, aid in the management of chronic noncommunicable disease, and promote efficient use of system resources when delivering patient care.

Reference: 1,2

Figure1. PCPT Scope



How is <u>THE ROLE & SKILLSET</u> of a PCPT different than a 'traditional' outpatient PT?

The PCPT has advanced skill and efficiency in the typical functions of a first-contact provider, such as...

- wellness and prevention assessment and patient education;
- medical and psychosocial screening and triage;
- assessing social determinants of health and lifestyle factors and associated impact on prognosis and outcomes;
- referring for appropriate diagnostic studies such as imaging, lab values and other relevant diagnostic tests;
- incorporating pharmacologic impact on symptoms and physical function;
- maintaining broad multi-systems competency, not exclusively limited to 1 practice area, eg. ortho, neuro, pediatrics
- providing effective and safe care navigation, which is defined as the process by which a clinician coordinates and manages appropriate 'next steps' of care, such as referrals for diagnostic studies or to other specialists, addressing community-, work-, sport-, or school-related disability needs, and durable medical equipment prescription; care navigation is done in close collaboration and communication with other members of the primary care team.

Reference: 1,2

PCPT vs. Traditional Outpatient PT differences, continued

Linear & Finite vs. Revolving & Ongoing - A traditional outpatient patient/PT relationship is often linear and finite, meaning the relationship begins at an evaluation and ends with a finite 'discharge' from care. The PCPT ideally functions in an ongoing 'revolving-door' model, where patients can come in and out of care on an as-needed basis. The PCPT encourages ongoing, periodic check-ins for chronic disease management or prevention and wellness visits.

What is the typical PHYSICAL SETTING of a PCPT?

PCPTs can provide services in a variety of settings including, but not limited to, primary care clinics, physical therapy clinics, community centers, wellness centers, schools, and homes. Ideally, the PCPT would be co-located or in close proximity to other members of the primary care team. However, offering virtual access to patients and other primary care team members is a sound solution where this is not possible.

How do you define primary care? And is a physical therapist technically a 'primary care provider'?

There are many ways to define primary care depending on the context. 'Primary care' can be viewed as 1) first point of contact care provided by certain clinician types and/or provided in certain care settings or 2) care that meets a certain set of activities or attributes, such as vaccinations and disease screening. Historically, primary care has been rendered by physicians. However, in recent years with increasing complexity of chronic disease management along with administrative burden, the primary care 'team' has expanded to other disciplines including nursing, clinical pharmacy, behavioral health, and now, physical therapy.

Reference: 3-6

PCPT in Integrated Primary Care Clinics

What is the GOAL of integrating a PCPT into a primary care clinic?

Integrating a PCPT into a primary care clinic can accomplish several goals including:

1. Reduce primary care provider (PCP) workload for individuals with primarily physical and functional concerns. This can be specific to improving throughput for one population, such as musculoskeletal complaints, or providing exercise testing and recommendations for individuals with noncommunicable diseases; subsequently increase provider satisfaction with improved efficiency within primary care
2. Reduce unnecessary diagnostic studies and/or specialist referrals and subsequently decrease healthcare costs
3. Increase patient satisfaction by offering expanded and expedited services
4. Reduce chronicity of physical and functional impairments subsequently improving patient outcomes and optimizing stewardship of healthcare resources
5. Provide reasonable and effective alternatives to opioids for pain management
6. Provide early access to experts in functional mobility for primary and secondary prevention of movement system impairments in high-risk populations. Optimize ongoing management for functional mobility deficits across the lifespan.

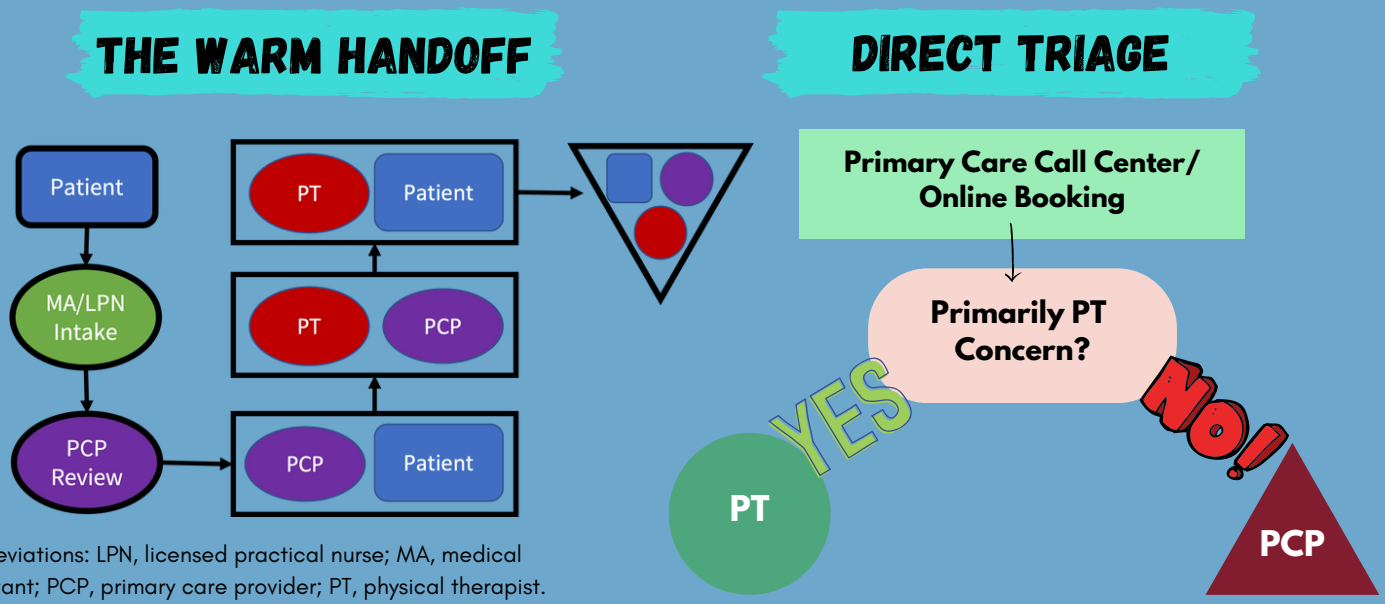
Reference: 1, 7-15

What is the ACCESS TO CARE PATHWAY of a PCPT in a primary care clinic?

There are numerous access to care pathways, ie. workflow methods, for a PCPT providing services in a primary care clinic. The most appropriate access to care pathway will be based on a number of factors including the goals of the program, patient volume, patient needs, etc. Access to care pathways in an integrated primary care clinic include but are not limited to 1) warm hand-off, or 2) direct triage. A hybrid of these methods may also be offered.

Reference: 1, 11

Figure 2. Access to Care Pathways



Abbreviations: LPN, licensed practical nurse; MA, medical assistant; PCP, primary care provider; PT, physical therapist.

Does the PCPT provide treatment or ongoing care within the primary care clinic?

The PCPT may provide treatment and ongoing care in an established workspace in the primary care clinic, but they might also serve as episodic consultants, where they "round" in the primary care clinic only at specific times or days, or for specific conditions. There is also flexibility in the number of PTs that are assigned to the primary care clinic. One PT might serve as the full time primary care PT or several PTs that normally work in an outpatient clinic might work in primary care on a rotating basis in shifts. The set-up and workflow of the operation is flexible and unique to the clinical needs and goals.

How do Primary Care Providers (physicians, PAs, NPs) and their staff feel about PCPT?

While it is impossible to represent the opinions or sentiments of every PCP, the concept of adding PCPT services has been well received by PCPs in every integrated program that we are aware of at the time of writing. This podcast episode describes the experiences of PCPs before and after having an integrated PT in primary care: Click here to listen

Reference: 16

Integrated Primary Care Clinic Setting
Case Examples

Case 1: 77 y/o female, acute dizziness and imbalance

Patient Presentation: Schedules same day visit with PCP for acute dizziness and imbalance that started 2 days ago, unable to walk without support of her husband by her side. BP is 165/90, which is slightly higher than her "norm". PMH - hypothyroidism, hypercholesterolemia, hypertension

What happens first: PCP evaluates the patient. PCP knows that the PCPT is skilled in examination for dizziness, so after the patient agrees, he pulls in the PCPT to have a look...

What happens next: PCPT evaluates the patient thoroughly. The patient's subjective report and findings from a thorough exam are concerning for a central lesion. The PCPT recommends an immediate ED referral to evaluate for the possibility of a cerebellar CVA.

The Result:

AICA Stroke

What might've happened: Without a skilled neurovestibular exam, the first thought may have been BPPV. They may have referred the patient to ENT or vestibular therapy, resulting in delayed diagnosis of this serious condition.

Case 2: 19 y/o male, acute shoulder injury

Patient Presentation:
Schedules with PCP for shoulder injury following ED visit. He was bench pressing and his arm suddendly gave way. The bar fell on his chest. Resting vitals - 145/82 (normally 110/65), 92bpm, elevated respiratory rate

What happens first: PCP evaluates the patient, notes a negative radiograph and an ED diagnosis of "shoulder strain" from the EMR. PCP notes the elevated vitals, as well as ecchymosis throughout the chest and knows something isn't right. PCP decides to pull in PCPT for their opinion.

What happens next: PCPT notes that the radiograph taken in the ED was only of the shoulder. Due to the elevated vitals, exam findings and mechanism of injury, PCPT discusses the concern of rib fracture and possible PE. PCP agrees with this and places orders for a same-day labs and chest CT...

The Result:
Numerous Rib Fractures, Partial thickness pec major tear and Pulmonary Embolism - ultimately finding out that this patient has a Factor V deficiency (clotting disorder)

The Importance of Teamwork: Sometimes it is helpful to have a second set of eyes to see that the ED workup may have been incomplete. Unfortunately, this is not uncommon.

PCPT in Stand-Alone Settings

What is a "stand-alone" setting?

For the purpose of this document, a "stand-alone" setting is one where the PCPT is not in the same physical workspace as other primary care providers. This may be a physical therapy clinic in its own building or in a separate rehabilitation department, or it may be a PT working out of a fitness or community center or a mobile PT.

What is the GOAL of a PCPT in a stand-alone setting?

When offering PCPT services in a physical therapy clinic or community center (not co-located with a primary care team), the goals might be to:

- improve patient access to physical and functional services
- provide comprehensive prevention and wellness services for individuals with physical and functional needs
- offer ongoing whole-health services that extend beyond the personal scope of a traditional outpatient PT
- offer acute functional complaint urgent care alternative - NOTE: this is not limited to musculoskeletal (MSK) injury, as physical therapists are skilled in some, but not all non-MSK triage and differential diagnosis: Example include headaches, dizziness, swelling, imbalance, etc.

Case examples are provided later in this document

What is the ACCESS TO CARE PATHWAY of a PCPT in a stand-alone setting?

With expanding direct access in every US jurisdiction, the limits of patient engagement go as far as the state law. In some states, that means unrestricted access to a physical therapist for any purpose within PT scope. For other states, that means a certain number of days or visits. Check with your state practice act for more details. If you don't like how your state law restricts you, PLEASE get involved with advocacy efforts to expand it!

The Million $ Question

How does a PCPT get paid for services when functioning as a PCPT?

There are endless options for payment. While some PCPT services would meet criteria for traditional insurance 97-series CPT charges, some might not. In integrated settings, there is the option of billing 'incident-to' the PCP, especially when a PCPT is rendering quick consults where a full PT evaluation might not be justified. Some clinics have reported 'lending' a PT to primary care at no cost to the patient (ie. PTs don't bill for services), as they experience improved referral conversion rates in the PT clinic. Collaborative Care Model (CoCM) codes are worth investigation for PCPT. It is important to note that the traditional insurance payment model is not the only payment option. Self-pay rates and/or member subscriptions are becoming more popular amongst healthcare consumers. When assessing options for financial sustainability, it is important to think outside the box, as traditional insurance-only reimbursement is proving to be financially unsustainable.

Reference: 7

Stand-Alone Setting Case Examples

Case 1: Healthy 40y/o active male

Patient Presentation: No current pain; Walks for exercise,Had a back injury 15 yrs ago and wants to start playing golf, but has some fear of back pain. Otherwise healthy, normal BMI and vitals

What you do Day 1: reassurance to reduce fear, education on regular exercise (what constitutes a good exercise program) & other healthy behaviors

Options Offered:

- **3 'well' sessions to learn exercise routine, track response to exercise**
- **Refer to personal trainer/golf trainer**
- **Check-in 2-3 months, then every 6-12 months thereafter**

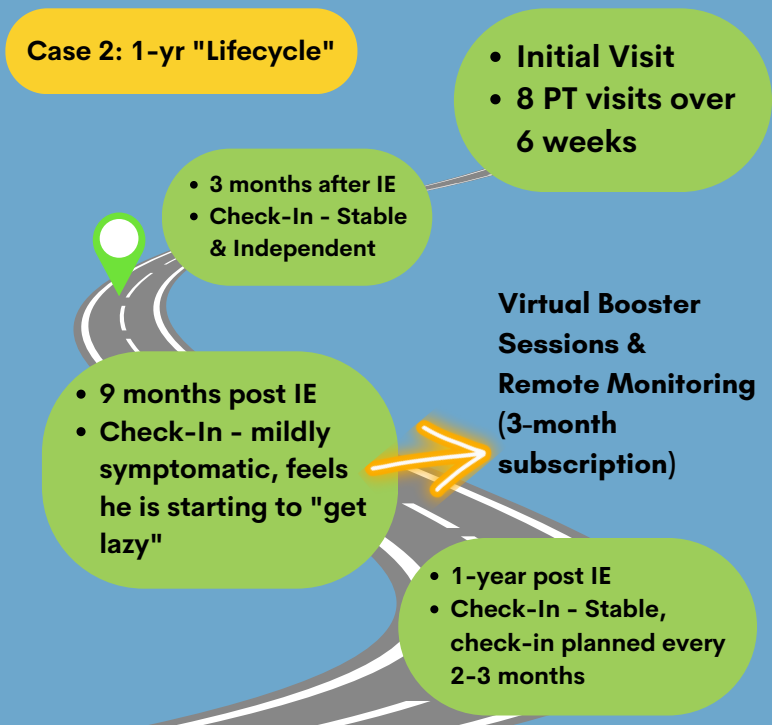
Case 2: 73 y/o male, COPD exacerbation

Patient Presentation:

- difficulty with ADL stamina
- grade 2 obesity
- HTN (controlled)
- history of major depression

What you do Day 1:

- **Falls Risk Assessment**
- **PT Intervention**
  - O2 use/pacing education
  - breathing exercises
  - strength training
  - thoracic mobility, shoulder health
  - role of activity in weight management & depression



Authors

Katie O'Bright, PT, DPT, OCS

Ashley Cassel, PT, DPT, OCS

Alyson M Cavanaugh, PT, DPT, PhD

Jennifer Turner, PT, DPT, OCS, FAAOMPT

David Macchia PT, DPT, OCS

Evan Kelley, PT, DPT, OCS, FAAOMPT

Layne Compton, PT, DPT, OCS

Riley Luetkenhaus, SPT

Steven Wentz, PT, DPT

Micah Wong, PT, DPT

Abbreviations: OCS = Board Certified Orthopedic Clinical Specialist; FAAOMPT = Fellow, American Academy of Orthopedic Manual Physical Therapists; SPT = Student Physical Therapist

How was the resource paper developed? One of the most common questions presented to the 2024 APTA Federal Primary Care Special Interest Group board members was "how is primary care PT defined?". As this area of practice is still developing in the United States, it was determined that a definition resource paper would prove to be an invaluable resource for the PT community. This resource paper was originally drafted by members of the 2024 PC-SIG Board, drawing from 1) the ABPTS petition for primary care PT clinical specialization and 2) vast clinical and research experience serving in primary care roles in both the federal and private sectors. The first draft was agreed upon by the Board on Sept 16, 2024. A 60-day public comment period from Sept 23 - Nov 22, 2024 is now offered to all members of the PT community. After the form closes, feedback will be synthesized and separated into themes. The PC-SIG will hold a public meeting on at CSM 2025 in Houston where main feedback points will be brought to a vote, as necessary. A final version of the document will then be published on the PC-SIG webpage.

Click Here To Enter Feedback

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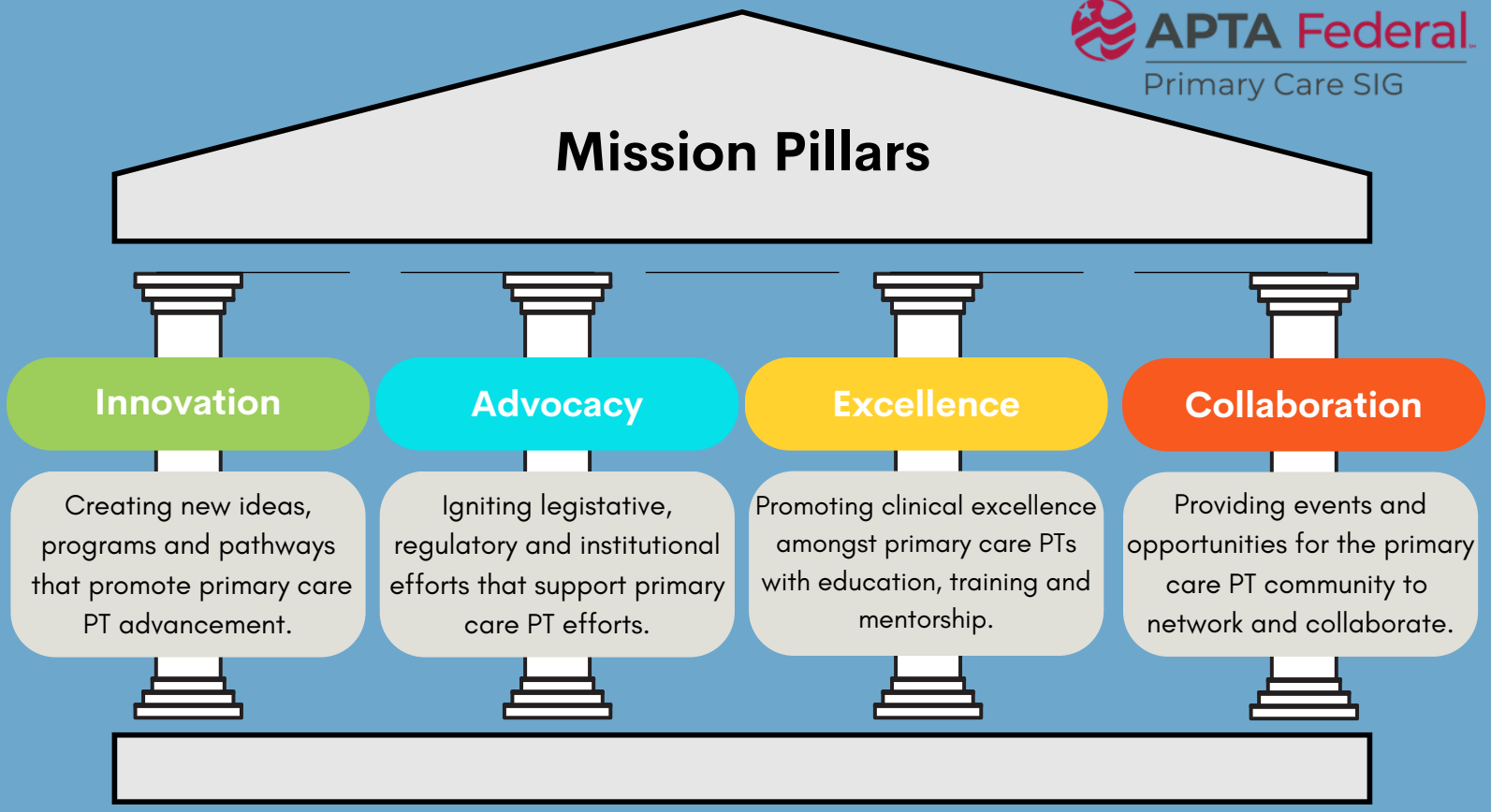

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Questions or comments related to this resource can be directed to pcsig.info@gmail.com