Early Access Physical Therapy: Utilizing Physical Therapists in Urgent Care and Emergency Settings

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During the 1990s and into the 2000s, emergency departments (ED) in Wisconsin were burdened with increasing numbers of annual visits and rising wait times to see a physician. Similar to other states, patient satisfaction was decreasing, and patient safety was a concern.[1] Conditions such as acute or severe musculoskeletal pain and dizziness were treated with medications, and it was not unusual for patients to return for symptom management while they waited for an appointment with their primary care physician.[2] This costly and inefficient use of health care forced hospitals to explore creative solutions, such as utilizing nurse practitioners and physician assistants.[3] These physician extenders provided much-needed answers to some of these challenges, but it wasn't enough.

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Similar challenges existed in other parts of the world, and countries such as Australia and the United Kingdom (UK) began utilizing physiotherapists as first-contact providers in their EDs and urgent care centers. This novel idea was successful, and researchers began to produce evidence demonstrating the benefit of providing physical therapy in the ED. For example, they demonstrated that physiotherapists could reduce wait and treatment times compared to other providers when addressing musculoskeletal conditions.[4]

The practice of utilizing physical therapy in the ED came to the United States in 1998, and by 2010, it was estimated that 15 facilities had full-time physical therapists working in the ED. Researchers were able to demonstrate high physician, physician extender, and patient satisfaction,[5] and they were able to repeat clinical findings similar to those found in Australia and the UK. This evidence acted as a catalyst for more EDs and urgent care centers to adopt the practice. By 2020, it was estimated that the total number of EDs that staffed physical therapists had tripled. Many believe this number continues to rise at a similar rate today.

In 2010, SSM St Mary's Hospital in Madison, Wisconsin, was one of the first early adopters of this model in the state. It is now estimated that Wisconsin has approximately 30 EDs and urgent care centers that have physical therapy consultation services (APTA Wisconsin, unpublished data, 2023). Additionally, the Wisconsin Chapter of the American Physical Therapy Association (APTA) has a formal committee called the "Early Access PT Coalition" that is advocating for physical therapists in EDs and urgent care centers throughout the state, making Wisconsin a leader within the United States for this area of practice.

> Providing physical therapy services in the emergency department not only helps the patient and family, but research has demonstrated it helps the entire care team and decreases the overall cost of care for symptom management.

The Role and Benefit of Early Access Physical Therapy

With the transition to the entry-level doctoral degree in the mid-1990s, the physical therapist's scope of practice within the United States expanded. The addition of pharmacology, radiology, and advanced pathology to the standard curriculum has allowed physical therapists to screen for life-threatening "red flags," which increases their utility in early-access emergency and urgent-care settings.[6] In the ED,

Table. Conditions Often Seen by Physical Therapists

Condition	Potential Physical Therapy Intervention
Musculoskeletal pain • Spine pain (most common) • Limb pain • Noncardiac chest pain	• Patient education • Manual therapy • Modalities • Functional mobility training • Dry needling • Neuromuscular re-education
Vertigo/vestibular dysfunction	• Canalith repositioning maneuvers • Vestibular exercises • Balance and functional training
Nonsurgical fractures	• Splinting • Mobility recommendations/training and durable medical equipment assignment • Patient education
Falls/gait instability	• Mobility/fall risk assessment • Durable medical equipment • Set up with community resources
Failure to thrive/frailty	• Mobility recommendations and set up with community resources
Chronic and persistent pain	• Patient education • Functional training
Migraines	• Patient education • Dry needling • Manual therapy
Concussion and mild traumatic brain injury	• Patient education
Wounds and burns	• Wound care and debridement • Patient education
Potential malingering	• Assist care team in differential diagnosing and offering a second opinion

physical therapists typically see level III to level V patients and can be called for a level I or level II to assist the care team with splinting or other procedures before transportation to surgery. A physical therapist in these settings provides immediate access to a physical therapy evaluation and treatment for a large spectrum of conditions and situations (Table). The goals of providing physical therapy services include collaborating with the medical team for diagnostic clarity, plan of care development, and direct intervention aimed at symptom management and mobilization.[7] Additionally, physical therapists can offer education to the patient and family, assist the care team in discharge planning, and assist in the coordination of community resources. A significant contribution of physical therapists is the ability to provide the patient and family with a better understanding of the situation and offer reassurance, often aiding in the reduction of stress and anxiety.[7] Providing physical therapy services in the ED not only helps the patient and family, but research has demonstrated it helps the entire care team[5] and decreases the overall cost of care for symptom management.[8]

Additional benefits of emergent and urgent access to physical therapy are as follows:

- Increases patient and care team satisfaction[5]
- Reduces unnecessary hospital admissions[9]
- Reduces outpatient observation patients in the hospital[9]
- Decreases risk of fall-related revisits to EDs[10]
- Decreases the burden of primary care physician care/follow-up[11]
- Decreases unnecessary referrals to specialists[8]
- Reduces the need for imaging[12]
- Reduces use of medications[12,13]

Various staffing models exist across the country, including full-time physical therapists who spend most of their day – 8 to 12 hours – in the ED, including weekends. Physical therapists working either in the acute care or outpatient settings within the same hospital systems also can provide on-call physical therapy services in the ED. Other models that have been utilized are diagnosis-specific, in which the physical therapists are only consulted for one or two diagnoses, such as acute neck and back pain, wound care, vestibular disorders, or falls. Other models focus more on people groups, such as the geriatric population.[14] The type of model used often depends on ED patient volume and mix and the priorities established by department leadership.

CONCLUSIONS

Emergency departments and urgent care centers in Wisconsin face many of the same challenges as 2 decades ago and are trying to find alternative solutions to situations such as opioid distribution and pain management, falls, and clinician burnout. Some have found creative solutions to these challenges, while others have been slow to adopt evidence-based solutions, such as early access to physical therapy services. For over 20 years, it has been shown that physical therapists can work effectively and efficiently within the health care team to assist with the diagnosis, treatment, and discharge planning for a wide variety of pathologies and situations, yet having a physical therapist as a part of the interdisciplinary emergency team is recognized only in a small percentage of Wisconsin facilities. The vision of the APTA Wisconsin is for early access to physical therapy to become the standard of care throughout the state. To achieve this, the APTA Wisconsin Early Access Coalition is poised to partner with leaders within the ED and urgent care center community to advocate for this new standard and provide resources and consultation upon request. Growing the interprofessional emergency and urgent care environments to routinely include physical therapy would further establish Wisconsin as a leader in health care and benefit all who are involved in emergent and urgent care – especially the patients.

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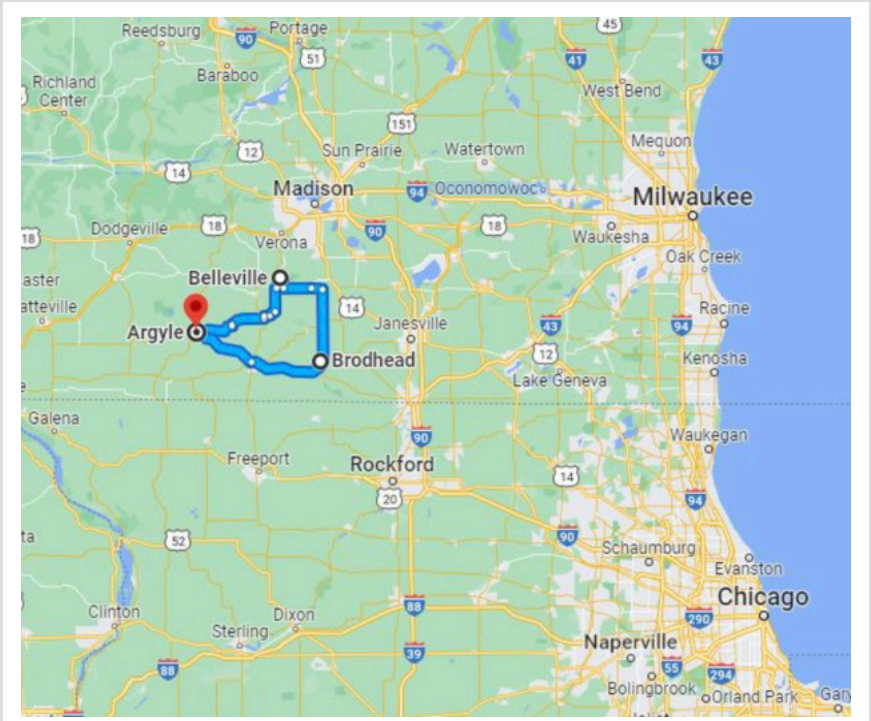
Figure. Enclosed Area Shows Where Three Instances of Sporadic Retinoblastoma Were Diagnosed in Wisconsin Over a 12-Month Period in 2022-2023



Cases shown account for nearly 1% of all diagnoses seen annually in the United States.

cers more commonly seen in adults, which does make the basis of this possible. With such a high proportion of sporadic retinoblastoma diagnosis in a short period and seen in a small geographical area within Wisconsin, further investigation is warranted prior to determining coincidental causation for the health of the patients we care for.

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