
AUTHORS/INSTITUTIONS: K.E. King, Physical Medicine & Rehabilitation, Mayo Clinic, Rochester, Minnesota

Background and Purpose: An increasing volume of hospital emergency department (ED) visits has resulted in ED overcrowding and delay in services across the country. Physical Therapy (PT) in ED has been shown to be a possible avenue to decrease cost, decrease delay in service attainment and avoidance of additional costly tests/surgeries. The aim of this case study is to describe the value added of PT interventions for a patient who experienced a fall with fracture to the ankle compared to individuals with similar injury. This assesses the functional, financial and subsequent follow-up outcomes between the case subject and comparison group.

Case Description: This case study will describe the interventions and outcomes of a male intervention case subject as compared to 9 other non-intervention case subjects with similar diagnosis within a 6 month time frame who received treatment in the ED of a Level 1 Trauma Center with an established Physical Therapist practice. The intervention case subject received skilled gait training, functional activity training and activities of daily living/home management training following his physical therapy evaluation in the ED. He was referred for further follow-up in the Outpatient Fracture Clinic and provided information for fall risk reduction, outpatient physical therapy and provided with the recommended durable medical equipment for safe dismissal to home from the ED. The other 9 non-intervention subjects received little/none unskilled gait training or education related to their fractures in the ED prior to dismissal home.

Outcomes: The intervention case subject who received physical therapy services reported high satisfaction following his PT treatment in the ED and his subjective Patient Specific Functional Scale (PSFS) change from evaluation to dismissal exceeds the minimally clinically important difference (MCID). The financial costs and length of stay between each subject was similar as were follow-up treatment outcomes. The intervention subject was able to avoid surgical intervention and experienced fewer follow-up appointments. Finally, the intervention subject’s patient-centric goal of safe dismissal home was achieved as highly desired by the patient and his wife.

Discussion: This case study describes how PT interventions can help defray the cost of fracture and musculoskeletal management in the ED without an increase in length of stay or cost, as well as assisting with appropriate follow-up recommendations. Further utilization review, clinician education and collaboration are needed to continue to advance the role of PTs in the ED.

References: Must include 5 current references (less than 10 years old): Beckenkamp
Donken CCMA, Al-Khateeb H, Verhofstad


Plummer L, Sridhar S, Beninato M, Parman