Frequency Of Non- Or Low-Urgent Musculoskeletal Conditions Presenting To The Emergency Department: Preliminary Considerations For Direct Triage To A Physical Therapist

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Purpose/Hypothesis: To determine the frequency of patients presenting to the emergency department (ED) of a level I trauma hospital with non- or low-urgent musculoskeletal conditions. This is a first step in exploring the viability of creating a designated “musculoskeletal ED” in which physical therapists (PTs) would serve as primary providers for these patients. It was hypothesized that the number of patients presenting to the ED with conditions appropriate for direct triage to PT would be sufficient to consider a full-time clinician.

Number of Subjects: 949 patients who presented to the ED triage station at Indiana University-Methodist Hospital in Indianapolis, IN were observed and categorized.

Materials/Methods: Researchers completed 75 hours of observation at the ED triage station over a 4-week period (25 hours each for weekday afternoon, weekday evenings, weekend afternoon). Patients were categorized based on the reported type and severity of their condition with specific consideration for those that appeared appropriate for direct triage to an ED PT for primary management (e.g. a reported ankle injury where the patient presented weight bearing on the affected limb).

Results: Of the 949 patients observed over 75 hours, 153 (16%) were deemed to have non- or low-urgent musculoskeletal conditions that could have been primarily evaluated and managed by an ED PT. This equates to 2 patients per hour. Categorization by body region of concern revealed: back or neck (31%), upper extremity (42%), and lower extremity (50%) (some
were categorized into multiple areas). Of those with lower extremity complaints, 88% were weight bearing on the affected limb. Most (77%) of the 153 patients walked into the ED unassisted. Nearly all (97%) arrived at a leisurely pace, and 80% demonstrated a calm demeanor while at the triage station.

**Conclusions**: In the ED of a large metropolitan hospital, an average of 2 patients per hour presented with non- or low-urgent musculoskeletal conditions that were considered appropriate for triage directly to PT for management. Based on these findings, a full-time ED PT could be employed to staff a designated triage area for this patient population.

**Clinical Relevance**: Visits to EDs nationwide are increasing, including visits for low-urgent musculoskeletal injuries. This number is projected to increase further over the next several years. PTs are musculoskeletal experts who are trained to screen, examine, and treat patients with musculoskeletal injuries. PTs are also skilled at recognizing conditions that are outside the scope of PT practice and referring appropriately. Although direct access to PT is available nationwide, allowing PTs to manage conditions independently, this is not currently practiced in EDs in the United States. Utilizing PTs to manage patients in a musculoskeletal triage area in the ED could potentially reduce general medical and imaging costs, reduce the demands on physicians in the ED, improve throughput times, and improve patient satisfaction.