



Choosing Wisely: Implications for Physical Therapist Practice

Combined Sections Meeting 2015

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Five Things Physical Therapists and Patients Should Question

1 **Don't employ passive physical agents except when necessary to facilitate participation in an active treatment program.**

There is limited evidence for use of passive physical agents to obtain clinically important outcomes for musculoskeletal conditions. A carefully designed active treatment plan has a greater impact on pain, mobility, function and quality of life. While there is some evidence of short-term pain relief for certain physical agents, the addition of passive physical agents should be supported by evidence and used to facilitate an active treatment program. There is emerging evidence that passive physical agents can harm patients. Communicating to patients that passive, instead of active, management strategies are advisable exacerbates fears and anxiety that many patients have about being physically active when in pain, which can prolong recovery, increase costs and increase the risk of exposure to invasive and costly interventions such as injections or surgery.

2 **Don't prescribe under-dosed strength training programs for older adults. Instead, match the frequency, intensity and duration of exercise to the individual's abilities and goals.**

Improved strength in older adults is associated with improved health, quality of life and functional capacity, and with a reduced risk of falls. Older adults are often prescribed low dose exercise and physical activity that are physiologically inadequate to increase gains in muscle strength. Failure to establish accurate baseline levels of strength limits the adequacy of the strength training dosage and progression, and thus limits the benefits of the training. A carefully developed and individualized strength training program may have significant health benefits for older adults.

3 **Don't recommend bed rest following diagnosis of acute deep vein thrombosis (DVT) after the initiation of anti-coagulation therapy, unless significant medical concerns are present.**

Given the clinical benefits and lack of evidence indicating harmful effects of ambulation and activity both are recommended following achievement of anticoagulation goals unless there are overriding medical indications. Patients can be harmed by prolonged bed rest that is not medically necessary.

4 **Don't use continuous passive motion machines for the postoperative management of patients following uncomplicated total knee replacement.**

Continuous passive motion (CPM) treatment does not lead to clinically important effects on short- or long-term knee extension, long-term knee flexion, long-term function, pain and quality of life in patients undergoing total knee arthroplasty (TKA). With rehabilitation protocols now supporting early mobilization, the use of CPM following uncomplicated total knee arthroplasty should be questioned unless medical and/or surgical complication exist that limit or contraindicate rehabilitation protocols that foster early mobilization. The cost, inconvenience and risk of prolonged bed rest with CPM should be weighed carefully against its limited benefit. As members of interprofessional teams involved in post-operative rehabilitation of patient following total knee replacement, physical therapists have a responsibility to advocate for effective alternatives to CPM for most patients.

5 **Don't use whirlpools for wound management.**

Whirlpools are a non-selective form of mechanical debridement. Utilizing whirlpools to treat wounds predisposes the patient to risks of bacterial cross-contamination, damage to fragile tissue from high turbine forces and complications in extremity edema when arms and legs are treated in a dependent position in warm water. Other more selective forms of hydrotherapy should be utilized, such as directed wound irrigation or a pulsed lavage with suction.

How This List Was Created

The American Physical Therapy Association (APTA) invited all 88,000 members to suggest items for the *Choosing Wisely*[®] list. Communication of this request was distributed to members via website posting, e-mail blast and social media. APTA convened an expert workgroup of physical therapists representing a broad range of clinical expertise, practice settings and patient populations. A modified Delphi technique was used to rank and prioritize the recommendations based upon the *Choosing Wisely* criteria. An extensive literature search was conducted on the highest rated strategies. The expert panel reviewed the literature and provided a ranking of recommendations based upon the established criteria. The final list of five strategies was selected through a survey open to all APTA members who were asked to select five items from a list of nine, all of which met the established criteria. The final list was presented to the APTA Board of Directors for final approval.

APTA's disclosure and conflict of interest policy can be found at www.apta.org.

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About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

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About the American Physical Therapy Association

The American Physical Therapy Association (APTA) represents more than 88,000 physical therapists, physical therapist assistants and students of physical therapy nationwide. Physical therapists apply research and proven treatment to help people reduce pain and restore movement after injury, illness or surgery; prevent injury; and achieve fitness, health and wellness. No matter what area of the body, physical therapists have an established history of helping individuals improve their quality of life. APTA seeks to improve the health and quality of life of individuals in society by advancing physical therapist practice, education and research, and by increasing the awareness and understanding of physical therapy's role in the nation's health care system.

For more information about APTA, visit www.apta.org.



APTA’s List of “5 Things Physical Therapists and Patients Should Question” Description of Methodology

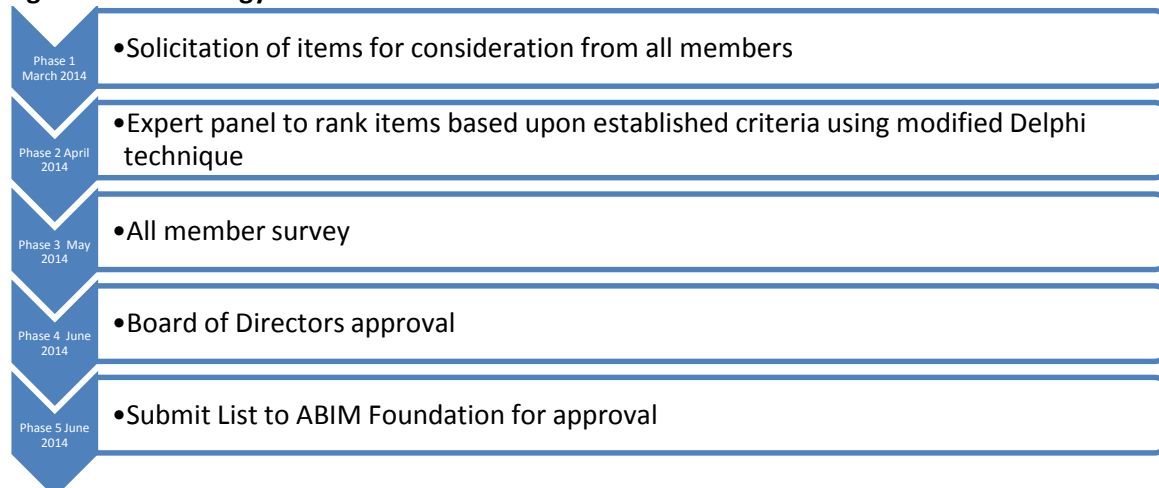
APTA partnered with the American Board of Internal Medicine (ABIM) Foundation’s [Choosing Wisely®](#) campaign as one facet of its overarching “[Integrity in Practice](#)” initiative. As a partner in Choosing Wisely®, APTA joined more than 50 medical specialty societies to provide specific evidence-based recommendations to encourage wise decisions about the most appropriate care.

For consideration in the Choosing Wisely® campaign, APTA first created a list of "5 Things Physical Therapists and Patients Should Question." This process was intended to lead to many discussions about the need—or lack thereof—for many frequently used tests and interventions in physical therapy.

The methodology for development of the list was a four phase consensus process that is described here and illustrated in the figure below:

- The first step involved solicitation of items for consideration. All APTA members were invited to suggest items. Communication of this request went to all members via website posting, email blast, and social media. APTA’s Sections, the association’s key resource for content knowledge, were directly contacted to provide suggestions.
- APTA convened an expert panel of physical therapists representing a broad range of clinical expertise, practice settings, and patient populations.
- A modified Delphi technique was used to rank and prioritize the recommendations based upon the following criteria:
 - Supported by generally accepted evidence
 - Frequently done and/or carry significant cost or potential harm
 - Under the purview and control of a physical therapist
- An extensive literature search was conducted on the highest rated strategies. The expert panel reviewed the literature and provided a ranking of recommendations based upon established criteria.
- The final list of 5 strategies were selected through a survey open to all APTA members who were asked to rank a list of 9 items, all of met the established criteria.
- The final list was presented to the APTA Board of Directors for final approval before being sent to ABIM Foundation for review

Figure: Methodology Flowchart and Timeline



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Physical therapy

Five treatments you probably don't need

Physical therapists can help people who are having trouble moving after an injury or surgery. They also help people with conditions such as:

- Arthritis.
- Back or shoulder pain.
- Cerebral palsy.
- Osteoporosis (weak bones).
- Spinal cord injury.
- Stroke.

Physical therapists can help people gain strength and get moving again. They can help reduce or prevent pain and disability.

Physical therapists provide care in hospitals, private practices, nursing homes, schools, rehabilitation centers, or in your home.

They use a variety of treatments, with a focus on physical activity and exercise to:

- Strengthen muscles that are weak from lack of use.
- Help stiff joints move again.
- Help you use your muscles correctly, so you can move with less pain and avoid injury.

But some physical therapy treatments are not useful. They can make your symptoms last longer, and even cause new problems.



Avoid treatments that don't help.

Most insurance plans pay for a limited number of physical therapy visits. If your treatment doesn't help, then you have wasted those visits.

Also, if treatment doesn't help, people are more likely to seek unnecessary tests, injections, and surgery. These can be costly and risky.

As part of the Choosing Wisely series, the American Physical Therapy Association has listed five common treatments that are usually not helpful. They can lead to harm and to more tests and treatments. And your costs go up. Here's why:

Heat and cold treatments

The problem: Treatments include hot and cold packs, and deep heat machines, such as ultrasound. They can feel good on a painful back, shoulder, or knee. They may help relax you before or after exercise, but there is no proof that they have any lasting effect.

For example: Studies have found that deep-heat ultrasound, added to an exercise program, does not improve arthritis of the knee. It's better to learn specific exercises and new ways to do things.

The harms: Many people are afraid to be physically active when they're in pain. Physical therapists may support these fears by using heat and cold treatments. But avoiding movement only makes the problem worse. This can lead to unnecessary medical procedures, such as knee surgery or steroid injections for back pain.

When to consider heat and cold:

- Home heat and ice treatments can help give temporary relief of aches, pains, and swelling.
- Calcific tendonitis is a painful shoulder condition. Deep heat using ultrasound can help.



The wrong kind of strength training for older adults

The problem: Many older adults have weak muscles—due to lack of activity, hospitalization, or surgery. This can cause problems with walking, balance, rising from a chair, and other everyday activities. The risk of falls increases.

The right strength training program can make you stronger and help prevent falls. A physical therapist can teach you how to use exercise machines, free weights, elastic bands, or your own body to build strength.

But the exercises may be too easy. The therapist may be afraid that you'll be hurt.

Studies show that a challenging program offers the most benefits, even for seniors in nursing homes. The therapist should match the program to your abilities. When you can do a task easily, the therapist should add weight, repetitions, or new exercises.

The harms: If strength training isn't challenging, it is a waste of time and money. You will still have problems from weak muscles. And you will still be at risk of falls.

When to go easy on muscles:

- Start out with lighter weights so you can learn the correct form.
- Don't do strength training if you have a painful, inflamed joint, such as a swollen elbow or knee.

Bed rest for blood clots

The problem: Older adults and people who have had surgery have a risk of deep vein thrombosis (DVT). This is a blood clot in a deep vein—usually in the leg.

The main treatment for DVT is medicine that dissolves blood clots. In addition, patients are often put on bed rest.

The purpose of bed rest is to keep the clot from breaking loose. A loose clot may travel to the lungs and block blood flow in the lungs. This is called a pulmonary embolism (PE), and it can be fatal.

But studies show that bed rest doesn't help. People who walk around with a clot are no more likely to develop a PE than people who lie in bed.

Also, getting up and walking has many benefits. It makes people feel better. It relieves pain and swelling in the leg. And it reduces the risk of more leg problems following DVT.

A physical therapist can help you start walking as soon as the anti-clotting medicine starts working. Or the therapist or your doctor can tell you how active to be on your own.

The harms: Bed rest can make a clot larger and lead to new clots. And you will have a higher risk of complications, such as pneumonia. Your entire body will become weaker.

When to consider bed rest for DVT:

You may need bed rest if:

- You can't take clot-preventing drugs.
- You have another medical reason for bed rest, such as bleeding in the brain from a stroke, or severe breathing problems.

Exercise machines (CPM) after total knee replacement

The problem: Most people start physical therapy within 24 hours after knee replacement surgery. The therapist should show you how to exercise your knee, walk, and get in and out of a bed or chair. This helps you move your knee again. It reduces the risk of a blood clot in the leg and shortens hospital stays.

But some surgeons recommend that you also use a continuous passive motion (CPM) machine. A CPM machine keeps moving the knee for several hours a day while you're in bed. A physical therapist teaches you how to use the machine.

But studies show that adding a CPM machine to physical therapy doesn't improve pain. It doesn't help you bend or straighten your knee better. And it doesn't help you return to normal activities or improve your quality of life.

In fact, people do just as well with physical therapy whether they add a CPM machine or not.

The harms: CPM is a large, heavy machine. It is hard to put on. You have to pay to rent it. And you may stay in bed longer, instead of getting up and being active.

When to consider CPM:

CPM may be helpful if:

- You had a serious complication from the surgery, such as a stroke or respiratory failure. In this case you may need more bed rest.
- You are recovering from a second knee replacement operation because the first one failed.



Whirlpools for wound care

The problem: Physical therapists are often asked to treat wounds that are slow to heal, chronic, or infected. One treatment uses a whirlpool bath to soak and clean the wound. But there is little evidence that whirlpools help. And they can cause infections.

There are safer, gentler, more effective ways to clean wounds. The therapist can:

- Rinse the wound with a saltwater wash.
- Spray liquid on areas of the wound with a single-use sterile device.

The harms:

- If the tub is not clean, bacteria can spread from person to person.
- Bacteria can spread from other parts of your own body to the wound.
- An infected wound heals more slowly and you may need antibiotics.
- If your immune system is weak, the infection can spread to the blood and cause a serious condition called sepsis.
- Chemicals used to clean the tub and disinfect the water can damage the new skin cells on the wound.
- Whirlpool jets can harm fragile new tissue growing in the wound.
- Long soaking can break down skin around the wound.
- The placement of the leg can cause swelling. People who have vein problems may have serious complications.

When to consider whirlpool therapy:

Never use whirlpool therapy to treat open wounds. It may help sports injuries such as strained muscles, but the benefit has not been proven.

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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Advice from Consumer Reports

Choosing a physical therapist

Your doctor may send you to a physical therapist. But you are also free to choose one on your own, using the tips below.

Consider skills and credentials.

Physical therapists must be licensed in the state where they practice. Some treat specific conditions or body parts.

In addition, the American Board of Physical Therapy Specialties (ABPTS) certifies therapists in different areas, including:

- Bones and muscles (orthopedics).
- Cardiovascular pulmonary.
- Neurology.
- Sports injuries.
- Treatment of older adults.
- Treatment of children.
- Women's health.

Check your insurance coverage.

Ask the therapist:

- Are you covered by my insurance?
- Will you submit claims for me?

Ask the insurance company:

- Do I need a referral from my doctor?
- How many sessions can I get in a year?
- Do I pay part of the cost?

Ask how your problem will be treated.

Look for an active approach. It should use movement and get you back to your activities. Avoid passive treatments, where you lie on a table or in bed.

Get the care you need.

During your first few sessions, note whether the therapist gives you full attention and supervises you. If not, you can stop treatment and choose a new therapist. To find a physical therapist near you, visit www.MoveForwardPT.com.



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