A RETROSPECTIVE COMPARISON OF STUDENT AND LICENSED PHYSICAL THERAPIST OUTCOMES IN PATIENTS WITH LOW BACK PAIN.

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Background and Purpose: As reimbursement moves toward a pay-for-performance model, it is questioned if student physical therapists (SPTs) under supervision provide the same quality of care as licensed physical therapists (PTs). To date, there is no published evidence comparing student to licensed physical therapist performance in the clinic, yet physical therapy typically is reimbursed as long as it is directed by a licensed PT. To address this gap in knowledge, we reviewed the outcomes from PTs and SPTs in the treatment of patients with low back pain (LBP).

Subjects: 128 patients with LBP who presented to an outpatient orthopedic clinic between 2012 and 2014; 64 primarily treated by a licensed PT and 64 primarily treated by a SPT.

Methods and Materials: We conducted a retrospective, cohort design medical chart review at an outpatient orthopedic clinic in the Midwest. The null hypothesis was there would be no difference in quality of care provided between groups.

Analyses: We used mixed ANCOVA procedures to analyze the differences between patients treated by SPTs and PTs (α=0.05).

Results: In both SPTs and PTs, patient outcomes measured with the Patient Specific Functional Scale (PSFS) improved from the initial session to the final session in the episode of care (p<0.05). However, the group by time interaction was not significant (p>0.05), demonstrating there was no difference in the initial and final PSFS scores between groups.

Conclusions: The patient outcomes measured with the PSFS were equivalent between SPTs and PTs. There were no significant differences in patient outcomes.

Implications: The physical therapy plan of care (POC) designed and delivered by SPTs under supervision was equally effective to the POC designed and delivered by licensed PTs. This study supports the use of SPTs in the outpatient setting. Additional research is needed in other clinical areas and with other patient diagnoses.