

**WHITE PAPER** 

# Right Provider, Right Time: Embedding PTs to Transform Patient Care

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# Overview

For decades, physical therapists (PTs) have been primarily viewed as providers of rehabilitation services after injury or surgery. But this perception doesn't capture the full potential of PTs as first-line musculoskeletal (MSK) experts. Current care pathways often delay PT involvement, leading to unnecessary imaging, opioid prescriptions, and high costs for patients and health systems.

By embedding PTs earlier in the care continuum as first-line providers—with this white paper focusing on emergency departments, primary care, and postpartum care as examples—health systems can reduce costs, improve outcomes, and expand access to essential MSK services. This model not only aligns with value-based care but also with the industry shift toward better health equity.

#### IN THIS WHITE PAPER WE'LL COVER:

- How embedding PTs as first-line providers in settings upstream from outpatient rehab reduces unnecessary imaging and opioid prescriptions and provides a better, more streamlined experience for patients
- Best practices for implementing PT-first care models through strategies like pilot programs and top-of-scope practice
- How Medbridge empowers PT-first care with specialized education, digital care pathways, and patient engagement tools

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# Breaking the PT box: How PTs add value as frontline providers



After a weekend of yard work, 52-year-old Michelle experienced new, severe pain in her shoulder. She reached out to schedule a primary care visit, but since her pain is musculoskeletal in nature, she's routed directly to physical therapy. The PT screens Michelle for red flags like acute trauma, reviews Michelle's vital signs, and then performs a shoulder exam. Based on the exam, the PT diagnoses Michelle with rotator-cuff tendinopathy and determines that she doesn't need an MRI right now. He prescribes Michelle a program of phased, targeted exercises, and schedules a two-week follow-up visit.

After two weeks, Michelle is sleeping better and able to move her shoulder more comfortably, so her PT progresses her care plan. After eight weeks, Michelle is back to work in her garden with no need for imaging or a specialty referral.

The benefits of this approach include faster care (treatment starting on day one); fewer unnecessary MRIs; lower costs; and reduced burden on PCPs, who have more time to focus on medical issues. If red flags had shown up during the course of care, the PT would have pulled in the PCP and ordered imaging per protocol.

PTs are often thought of as being in a rehab silo isolated from frontline workflows, meaning that patients only reach them after a delay. But in fact, PTs bring a flexible, cross-disciplinary skillset to frontline care. For example, they can:

- Provide medical screening for and diagnose MSK, neurological, and vestibular complaints
- Perform targeted functional testing for strength, range of motion, gait, balance, and fall risk
- Deliver same-day treatment such as manual therapy, taping and bracing, and assistive device fitting
- Perform vestibular maneuvers such as the Epley maneuver to treat benign paroxysmal positional vertigo (BPPV)
- Monitor vitals and basic cardiac risk
- Track outcomes and PROs to guide progress
- Use motivational interviewing to drive adherence and behavior change
- ✓ Pivot across conditions; for example, from MSK pain to dizziness, acting as first-contact clinicians who start appropriate care immediately and escalate when indicated

In this white paper, we focus on emergency departments, primary care, and postpartum care to demonstrate how PTs add value as embedded clinicians. But there are other settings where this is the case as well, including urgent care, occupational health clinics, skilled nursing fall clinics, and many more.





# PTs in the emergency department

More than 100 studies now support PT and OT involvement in emergency department (ED) care, particularly for MSK conditions. For example, research has shown that PT-led interventions for acute low back pain in the ED can significantly reduce opioid prescriptions and advanced imaging while improving patient outcomes and satisfaction. In addition, embedding PTs in the ED has been associated with shorter length of stay, improved discharge safety, and lower revisit rates.

Due to their training and experience with acute MSK pain, dizziness and vertigo, fall prevention, and mobility concerns, PTs are well-positioned to address these issues in an ED setting. They can also play a key role in addressing social determinants of health (SDOH), ensuring that discharge plans are safe, realistic, and less likely to result in readmissions.

In an ED setting, PTs can:

### Ensure faster, safer discharges

PTs can quickly evaluate patients with dizziness, back pain, and other MSK issues. For example, a PT might diagnose benign paroxysmal positional vertigo (BPPV) and treat it with the Epley maneuver. This allows patients to feel immediate relief and leave the ED safely without unnecessary imaging or admission, improving throughput and reducing bounce-back visits.

### Reduce over-imaging and perform accurate diagnoses

By applying advanced differential diagnosis skills, PTs help rule out or identify serious conditions such as cancer versus back pain of muscular origin. These evaluations often prevent overuse of CT or MRI while ensuring high-risk patients receive the care they need.

### Help educate the care team

PTs don't just treat patients—they also teach residents and attendings how to evaluate dizziness and balance disorders, addressing a major knowledge gap in ED medicine.

### Enhance patient experience and engagement

Beyond clinical expertise, PTs help patients regulate fear and anxiety during ED visits. PTs support patients in understanding their care, participating in shared decision-making, and leaving the ED feeling more confident in their plan.



# Implementation guidance

### Pilot first

Begin with a pilot program to demonstrate value. For example, starting with a 30-day pilot can allow PTs to educate physicians, nurses, and staff about their role. Once clinicians see the impact on throughput and patient safety, support for the program is more likely to grow.

### Practice at the top of scope

PTs in the ED must act as generalists, drawing on knowledge across orthopedics, neurology, geriatrics, and cardiopulmonary care. This allows them to manage a wide spectrum of patients, from infants to older adults, and handle the diverse and complex presentations that are common in the ED.

### Address social determinants of health (SDOH)

Effective discharge planning requires screening for factors such as housing stability, healthcare access, health literacy, and economic barriers. PTs address these determinants by interviewing patients about home safety and recommending low-cost, insurance-covered equipment; using HEPs that offer plain-language patient education and short demo videos to match health literacy; improving access through digital care and timely follow-ups, and coordinating with social workers or case management to connect patients to financial assistance and community resources.

### Engage the care team

Build trust and collaboration by sharing expertise. PTs should actively educate ED staff on evaluating dizziness, fall risk, and MSK pain, helping to close knowledge gaps and ensure sustainable integration of PT services.

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I'm on a one-woman mission to have a PT and an OT in every emergency department in urgent care in the United States. We need people who really specialize at being a generalist. Practicing at the top of your scope is a mindset plus a skillset."

Rebekah Griffith, PT, DPT, NCS, FiT

### How Medbridge helps in the ED



**ED-focused courses** prepare PTs for the fast-paced ED environment.



<u>Medbridge Pathways</u> supports better triage and follow-up care after discharge.

### PTs in primary care



Most MSK complaints first present in primary care, where access and accuracy from the beginning affect overall costs and utilization. Multiple studies show that PTs match or exceed physician performance for MSK diagnosis and triage, while lowering costs. In addition, the U.S. military health system has long relied on PTs in primary care roles. This approach not only improved recovery times and care efficiency but also generated substantial savings—offering a real-world proof of concept for embedding PTs in primary care.<sup>3</sup>

In a primary care setting, PTs can:

### Improve diagnostic accuracy and triage

Recent studies have demonstrated that clinical diagnoses from PTs for MSK conditions align closely with imaging and with those of orthopedic surgeons—and significantly outperform non-orthopedic physicians.<sup>4</sup> PTs are also trained to screen "red flags" within primary care flows—essential for patient safety when serving as first-contact providers.<sup>5</sup>

### Lower costs and reduce unnecessary care

Early PT in primary care pathways for low back pain (LBP) has been frequently tied to less imaging, fewer opioids, and lower utilization over 30 days to one year, with randomized and economic evaluations supporting cost-effectiveness versus usual PCP-led care.<sup>6</sup>

### Expand clinical capacity and access to care

Health systems that embed PTs as first-contact providers in primary care report less workload for PCPs alongside the same level of clinical effectiveness.<sup>7</sup>

When PTs are the first stop for musculoskeletal issues, they can perform assessments, catch red flags, and know when a referral is needed. That frees up primary care doctors to spend more time with patients who have complex conditions, while PTs take the lead on MSK care that follows best-practice guidelines. The end result is faster triage, fewer unnecessary tests, and lower overall costs—all without sacrificing outcomes or patient satisfaction.



### Implementation guidance

For health systems looking to successfully embed PTs into primary care teams, best practices include:

### Establish clear referral pathways

Define urgent, non-urgent, and emergency referral processes, and clearly document the rationale for each. This ensures smooth handoffs when conditions fall outside of PT scope.

### Emphasize systems-based practice

PTs in primary care need to see the big picture—what the APTA refers to as a systems-based practice mindset<sup>9</sup>—demonstrating awareness of the larger healthcare system in order to provide optimal value.

### Adopt whole-person care

Effective primary care PTs take a "three feet deep and three miles wide" approach. This means going beyond MSK to consider other bodily systems, the patient's family, their environment, and the community context that shapes their health.

### Integrate into collaborative care models

PTs should be embedded seamlessly into primary care teams, working alongside physicians, nurses, and other providers to deliver whole-person, coordinated care.

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This is where we're going in our profession. Physical therapists are well-suited to serve in this primary care role. Triaging patients and helping direct them into the appropriate pathway if need be is similar to other adjacent concepts like whole person care, systems-based practice."

— Seth Peterson, PT, DPT, OCS, FAAOMPT

# How Medbridge helps in primary care



Our expert-led course series <u>Primary</u> <u>Care PT</u> gives therapists the tools to serve as effective first-contact providers.



Medbridge One Care integrates

progressive care pathways, digital

HEP, remote therapeutic monitoring

(RTM), patient education, and patient

reported outcomes to extend the

reach of care plans beyond the clinic,
improving adherence and outcomes.



# PTs and OTs in birth recovery

The United States has the highest maternal mortality rate among high-income nations, with two-thirds of deaths occurring within the first six weeks postpartum. <sup>10</sup> C-sections are the most common inpatient surgery, and both C-section and vaginal deliveries carry their own risks and complications. Yet postpartum women rarely receive rehab evaluations. PTs and OTs can play an important role in addressing postpartum complications while also improving mobility, reducing pain, and preventing long-term morbidity.

In the immediate postpartum period, PTs and OTs can:

### Identify complications early

PTs and OTs trained in perinatal care are well-positioned to identify red flags such as hemorrhage, wound infection, deep vein thrombosis, and cardiopulmonary issues while helping patients with mobility, functional tasks, and early rehab, ensuring rapid referral when needed.

### Restore mobility and function

Working on mobility after birth helps prevent pulmonary embolism and DVT, improves circulation, and supports safer recovery.

### Manage pain and wound healing

PTs and OTs assist with positioning, breathing, core and pelvic floor activation, as well as strategies to reduce incision pain—all of which improve comfort and speed recovery.

### Support long-term health

By addressing issues like urinary incontinence, scar tissue mobility, and musculoskeletal dysfunction early, PTs and OTs can reduce the risk of chronic issues that otherwise go untreated.

### Promote maternal confidence

PTs and OTs also provide education on safe activity progression, body mechanics for infant care, and breathing techniques to support recovery and reduce anxiety during a vulnerable time.



### Implementation guidance

PTs and OTs can align their services with busy maternal care teams by following these best practices:

### Observe before pitching

PTs and OTs should carve out dedicated time to observe current practice on the maternity unit, shadowing OB nurses, lactation consultants, and other team members to understand their workflow, challenges, and priorities. Collecting data from real cases—such as functional limitations after cesarean section, wound care challenges, or difficulty with safe transfers—creates the foundation for later education and advocacy. Early observation demonstrates respect for existing expertise and helps frame PT and OT as a solution to real problems already faced by the care team.

### Build relationships first

Trust and credibility are prerequisites for program adoption. Gaining permission to observe and spending time shoulder-to-shoulder with OB nurses, doulas, case managers, and lactation consultants fosters rapport and collaboration. Positioning yourself as a supportive team member rather than an outside "expert" helps reduce barriers and opens the door to sustainable collaboration.

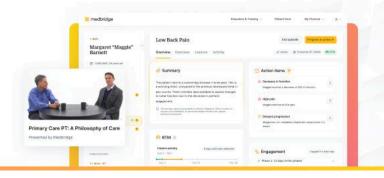
### Engage management and leverage meetings

Once trust has been established, engage both rehab management and OB leadership to ensure program feasibility. Rehab managers can adjust caseloads to provide therapists with time on the maternity unit, while OB team leaders can champion PT and OT involvement in patient care. Formal in-services and participation in OB unit or physician-nurse quarterly meetings create visibility and allow PTs to share evidence-based insights on functional recovery, wound healing, and patient safety to help OB providers understand the value of PT and OT.

### How Medbridge helps in birth recovery

- Specialized postpartum and women's health courses equip PTs and OTs to address unique needs after childbirth.
- <u>Digital postpartum care pathways</u> provide support for new mothers outside the hospital stay.
- Patient education resources help families understand recovery needs, improving safety and confidence at home.

# How Medbridge helps across care settings



Medbridge supports health systems in embedding PTs as first-contact providers with a comprehensive ecosystem of solutions:

### Education: specialized CE courses

### PTs in primary care:

- Primary Care Physical Therapy Certificate Program
- PTs in Primary Care course series

### PTs in the emergency department:

### Courses on:

- practicing at the top of scope in the ED,
- · acute skeletal injury management,
- vestibular rehabilitation for dizziness and balance disorders,
- and soft-tissue injury/emergency response.

### PTs in postpartum care:

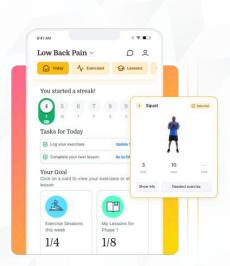
#### Courses on:

- acute rehab in the early postpartum period,
- general examination and treatment of postpartum patients,
- pelvic floor assessment and care,
- abdominal rehabilitation,
- and safe postpartum fitness programming.

### Digital care tools

Pathways: Digital care pathways guide phased progression after discharge, extending clinician reach and standardizing evidencebased follow-up care.

One Care: Our next-generation platform brings together Pathways, home exercise programs, remote therapeutic monitoring (RTM), patient education, and patient reported outcomes into a single, integrated solution. One Care enables seamless hybrid care, improves patient engagement, and delivers actionable insights to support value-based care initiatives.



### Conclusion

Healthcare leaders face increasing pressure to improve outcomes while reducing costs. Embedding PTs as first-line providers in EDs, primary care, and postpartum care offers a proven strategy for achieving these goals. With their diagnostic expertise, whole-person approach, and ability to address both clinical and social determinants of health, PTs are uniquely positioned to transform care delivery.

Medbridge offers a comprehensive ecosystem—including evidence-based education, clinical pathways, and other digital care tools—to help PTs succeed as frontline providers.

<u>Schedule a demo today</u> and discover how Medbridge supports PT-first models that improve outcomes, reduce costs, and advance your value-based care goals.

# About M medbridge

Combining powerful digital patient care tools with the highest quality education, Medbridge is committed to making healthcare better for both providers and patients. Organizations across the care continuum use Medbridge to provide an enriched, digitally enabled experience that engages patients while streamlining and simplifying care. Designed with over a decade of insight from more than 350,000 clinicians and 25 million patients, Medbridge has helped thousands of organizations realize better patient outcomes. Learn more.

See how Medbridge can help your organization.

Contact us to request a demo.



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