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Physical Therapy and Occupational Therapy

October 28, 2020 │ 2:00-3:00 p.m. ET
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Robert Hall, MD

Corporate Medical Director Optum Workers’ Comp and Auto No-fault Solutions

As Corporate Medical Director, Dr. Robert Hall advises customers and employees on evidence-based clinical and rehabilitation guidelines that optimize pharmacy, home health and durable medical equipment programs, promoting better outcomes for claimants. He also offers counsel on processes and procedures, identifying and reducing prescription medication misuse and abuse.

A practicing, board-certified physical medicine and rehabilitation physician, Dr. Hall has healthcare, workers’ comp, and auto no-fault experience. He has treated patients in private practice, private and state-run hospitals and outpatient clinics. His areas of focus include electromyography, pain management, musculoskeletal medicine and stroke rehabilitation.

After receiving his Bachelor of Science in Electrical Engineering at The Ohio State University, he continued his medical training and was chief resident in physical medicine and rehabilitation at the university’s medical center. He has been awarded the distinction of “Best Doctors in America®” since 2009.
Objectives

• Review recent trends related to physical medicine

• Explain the importance of physical therapy (PT) and occupational therapy (OT) in workers’ compensation and auto no-fault claims

• Describe the roles of physical and occupational therapists

• Discuss the timing and location of PT and OT services

• Understand PT and OT medical documentation and know when therapy should be complete

• Review medications, precautions, and other clinical situations that can impact PT and OT
Meet Scott
Scott is a 65-year-old construction worker with high-blood pressure. He sustained a low-back injury and a fracture to the left leg and was transported to the hospital. His fracture was surgically repaired and he was discharged with prescriptions for medications, DME, physical therapy and occupational therapy.
Why are we talking about PT and OT?
Industry trend in physical medicine - Opioids

Side effects

- Fatigue
- Depression
- Muscle weakness
- Lethargy
- Hormone imbalance
- Sexual dysfunction
- Nausea
- Addiction
- Chronic constipation
- Slurred speech
- Social isolation
- Overdose and death
Industry trend in physical medicine - Opioids

Side effects

Decrease in utilization

Reference: Optum Workers' Compensation and Auto No Fault 2019 Trend Report
## Industry trend in physical medicine - Opioids

<table>
<thead>
<tr>
<th>Side effects</th>
<th>Decrease in utilization</th>
<th>Not effective in long-term pain relief</th>
</tr>
</thead>
</table>

- **Acute prescribing**
  - Surgery
  - Fracture
  - Severe, disabling pain
WHY PHYSICAL THERAPY?

In a recent WCRI study on physical therapy for low back pain…

• Opioid prescribing guidelines recommend physical therapy as the first-line non-pharmacological treatment before considering opioid prescriptions.

• Outside workers’ compensation, several studies have reported that early physical therapy is associated with lower utilization of medical services and better outcomes.

• Clinicians and payers are encouraged to work proactively to remove the barriers to early physical therapy.

Source:
### Other pain-related medications

#### Nonsteroidal anti-inflammatory drugs (NSAIDs)

**Adverse effects**
- Gastrointestinal
- Cardiovascular
- Kidneys

#### Skeletal muscle relaxants

**Adverse effects**
- Sedation
- Drug-drug interactions
- Abuse
Treatment guidelines
## ODG Physical Therapy Guidelines

<table>
<thead>
<tr>
<th>Condition</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar contusion</td>
<td>6 visits over 3 weeks</td>
</tr>
<tr>
<td>Lumbar sprains and strains</td>
<td>10 visits over 8 weeks</td>
</tr>
<tr>
<td>Sprains and strains of unspecified parts of the back</td>
<td>10 visits over 5 weeks</td>
</tr>
<tr>
<td>Lumbago; backache, unspecified</td>
<td>9 week over 8 weeks</td>
</tr>
</tbody>
</table>
### ODG Physical Therapy Guidelines - Intervertebral disc disorders without myelopathy

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical treatment</td>
<td>10 visits over 8 weeks</td>
</tr>
<tr>
<td>Post-injection treatment</td>
<td>1-2 visits over 1 week</td>
</tr>
<tr>
<td>Post-surgical treatment (discectomy/laminectomy)</td>
<td>16 visits over 8 weeks</td>
</tr>
<tr>
<td>Post-surgical treatment (arthroplasty)</td>
<td>26 week over 16 weeks</td>
</tr>
<tr>
<td>Post-surgical treatment (fusion, after graft maturity)</td>
<td>34 visits over 16 weeks</td>
</tr>
</tbody>
</table>
Every patient is different…

How do you know when the recommended treatment, its frequency, and its duration is best for your claimant?
PT & OT impact on claims and claimants?

- Injury healing
- Functional recovery
- Costs
  Per treatment vs. utilization
The role of physical and occupational therapists
Definitions

• Physical medicine
• Physical therapy
• Occupational therapy
• Active therapy

• Passive therapy
• Modalities
• Utilization
• Function
How is function lost?

• Musculoskeletal injury
• Traumatic brain injury
• Spinal cord injury
• Amputation

• Osteoarthritis
• Cardiopulmonary disorders
• Pain
• Depression and anxiety
PT and OT help restore function

• Different “normal” for different people

• Normal vs. independent

• What body parts and systems provide/control function?
  – Arms
  – Legs
  – Brain and spinal cord
Activities during treatment session

- Stretching/range of motion
- Strengthening
- Endurance
- Balance
- Coordination
- Pain reduction
- Function
Physical therapy treatments

Lower limbs/spine

Transfers

Walking

DME

Activity
Occupational therapy treatments

Upper limbs

Activities of daily living (ADLs) and DME

Transfers
Therapeutic modalities

- Spinal traction
- Heat / cold
- Ultrasound
- Electromedical
- Iontophoresis / phonophoresis

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Education provided by PT & OT

Patient

Family

Healthcare team members
The timing of PT and OT with patient care
Low back pain-only claims with > 7 days of lost time and 3 or more physical therapy visits during the first year of treatment...

<table>
<thead>
<tr>
<th>Physical therapy started within 3 days of injury</th>
<th>Vs.</th>
<th>Physical therapy started after 30 days of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>47% More likely to have an MRI ordered</td>
<td></td>
<td>46% More likely to receive opioids</td>
</tr>
<tr>
<td>46% More likely to receive opioids</td>
<td></td>
<td>29% More likely to receive pain management injections</td>
</tr>
<tr>
<td>29% More likely to receive pain management injections</td>
<td></td>
<td>89% More likely to have low back surgery</td>
</tr>
<tr>
<td>24-28% Higher average medical cost</td>
<td></td>
<td>58-69% Higher average of temporary disability</td>
</tr>
</tbody>
</table>

Benefits of early PT & OT

• Early mobilization and range of motion
• Effects on pain relief
• Effects on healthcare utilization

Soft tissue injuries

Early PT claims with at least 1 opioid prescribed within 1 year of injury
23% had significantly lower doses of opioids vs. similar claims without early PT

On lost time

Early PT claims were 12% less likely to have lost time

Workers' Compensation Insurance Rating Bureau of California (WCIRB)
Location of initial PT and OT

**Minor injuries**

- Outpatient

**Major injuries**

- Initial hospitalization
- Acute inpatient rehabilitation or subacute nursing facility (SNF)
- Long-term acute care (LTAC)
- Home health
- Outpatient
Initial hospitalization

- Mobility and self-care
- Functional levels and further therapy needs
  - **Discharge planning**
    - Home
    - Acute inpatient rehabilitation
    - Subacute nursing facility
    - Assisted living
  - **DME needs**
  - **Home modifications**
    - Safe entry, e.g., ramps and handrails
    - In-home accessibility
Acute inpatient rehabilitation

• Examples of diagnoses
  – Traumatic brain injury (TBI)
  – Spinal cord injury (SCI)
  – Amputation
  – Major multiple trauma

• Requirement of three hours per day
  – Average of 15 hours/week
  – May also include speech therapy and prosthetic training

• Medical acuity requirements
• Demonstration of progress being made
• Family and/or caregiver training
• More ideal when discharge destination is home
Skilled nursing facility

• Examples of diagnoses
  – Debility/deconditioning
  – TBI, SCI, amputation, etc.

• Less intense requirements for patients with extreme fatigue

• SNF vs. acute inpatient rehabilitation
  – Increasing similarities between the two levels of care
  – SNF usually costs less per day, but more days may be expected
  – SNF if patient is not expected to tolerate three hours of therapy per day
  – Can transition to acute inpatient rehabilitation (once endurance improves)
Long-term acute care (LTAC)

- Examples of diagnoses
  - Ventilator-dependent respiratory failure
  - Severe skin wounds
  - Complex medical care

- Activities of PT and OT
  - Stretching/range of motion to prevent contractures
  - Bed-level strengthening exercises
  - Prevention of worsening weakness and debility
Home health

• Difficult or taxing effort to leave the home for outpatient therapy
  – More focused 1:1 attention
  – Less distractions from unfamiliar outpatient facility
    • Other patients coming and going
    • Therapists treating multiple patients concurrently
  – More distraction from in-home surroundings
    • Answering the phone
    • Household tasks
    • Family members

• Try to transition to outpatient when possible
Outpatient

• More intense therapy may be possible

• Specialized exercise equipment

• More treatment modalities

• Peer support
  • Seeing other patients with similar conditions
  • Patients making better progress – encouraging
  • Patients making less progress – appreciative
Specialty clinics

Prosthetic devices

Wheelchairs

Neuromuscular
Telerehabilitation

- Before COVID-19
- After COVID-19
- Pros and cons
- Expectations
Functional assessments

- Initial status
- Treatment goals
- Progress being made
- Percent of goals achieved
- Barriers to continued progress
- Expected duration of continued therapy
Functional Independence Measure (FIM)

• Objective functional measurements

• Categories
  – Self-care
  – Bowel/bladder
  – Transfers
  – Locomotion
  – Communication
  – Social cognition

• Current and next-level care predictability

https://www.physio-pedia.com/Functional_Independence_Measure_(FIM)
What to look for in home health PT & OT

- Detailed treatment plan with stated goals
- No duplication of services
- Training for other providers and family
- Improved independence with DME

How to know when continued PT & OT are required

• Meaningful progress is still being made

• Objective improvements seen in
  – Range of motion
  – Strength
  – Assistance level (FIM)
  – Walking distance
  – Fewer symptoms while walking
  – Less reliance on assistive device(s)
  – Progress with home exercise program
Has the claimant’s progress with PT and OT been maximized?

• Plateaued or no significant progress over time

• Family/caregivers have been trained and are available/capable

• Patient is safe and independent with their self-care, mobility, and home exercise program
Home exercise program

• What is a HEP?

• When should a HEP be created?

• Can the patient demonstrate their ability to follow the HEP?

• Are required safety precautions being followed?
  – Weight-bearing precautions
  – Range of motion restrictions
Additional PT & OT Considerations
Prescriber orders for PT and OT

• “Eval and treat”

• Additional components of therapy order
  – Discipline
  – Frequency
  – Duration
  – Diagnosis
  – Precautions
  – Modalities
  – Goals & expectations
  – Follow-up date (with prescriber)
Precautions for PT and OT

**Falls**
- Fractures
- Bleeding

**Cardiovascular**
- High blood pressure
- Syncope (fainting)
- Heart disease

**Musculoskeletal**
- Weight-bearing status
- Range of motion restrictions

**Neurologic**
- Seizures
- Autonomic dysreflexia (spinal cord injury)
Medications to help improve therapy participation

<table>
<thead>
<tr>
<th>Analgesics</th>
<th>Anti-spasticity</th>
<th>Cognitive function</th>
</tr>
</thead>
<tbody>
<tr>
<td>• NSAIDs</td>
<td>• Baclofen</td>
<td>• Stimulants</td>
</tr>
<tr>
<td>• Acetaminophen</td>
<td>• Tizanidine</td>
<td>• Memory medications</td>
</tr>
<tr>
<td>• Topical</td>
<td>• Botulinum toxin</td>
<td></td>
</tr>
</tbody>
</table>
Medications that may increase risk

- Blood thinners
- Sedating medications
- Insulin (dose too high)
- Blood pressure medications (dose too high)
Behavioral health with PT and OT

• Endorphins are released with movement and exercise

• Collaboration with psychologist on barriers to therapy participation and recovery
  – Participation
  – Initiation
  – Memory
  – Mood
Follow-up with Scott
Follow-up on Scott

Initial hospitalization

• PT and OT evaluation during first 48 hours

• Early bed mobility

• Wheelchair mobility until cleared for walker

• Walker with non-weight bearing of fractured leg

• Education on safety precautions and self-care

• Home safety evaluation
Follow-up on Scott

Home health

• PT and OT along with RN

• Strengthening exercises (upper body and intact leg)

• Additional education on self-care/ADLs

• Transition to outpatient PT
Follow-up on Scott

Outpatient

• OT no longer necessary

• PT
  – Continued low back pain
  – Core strengthening exercises
  – Strengthening of fractured leg

• Safe demonstration of home exercise program

• Discharged from PT and OT
Homework case – Meet Linda

- High-speed motor vehicle accident
- TBI and right arm fracture
- History of heart disease
- Early PT, OT, and speech therapy
SUMMARY

• PT and OT have an important role in the recovery of workers’ compensation and auto injuries

• The timing and location of PT and OT depend on the patient’s physical and cognitive abilities

• Reviewing PT and OT documentation can help determine the effectiveness and need for continued therapy

• Medications and other clinical conditions can affect the patient’s level of recovery and safety
Thank you!

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Optum Workers’ Comp and Auto No-Fault Solutions collaborates with clients to lower costs while improving health outcomes for the claimants we serve. Our comprehensive pharmacy, ancillary, medical services, and settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure claimants receive safe, efficacious and cost-effective care throughout the lifecycle of a claim. For more information, email us at expectmore@optum.com.

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