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In Primary Care, Are Health Outcomes Consistent with Physical Therapists Judgement for Musculoskeletal Care? (Poster)

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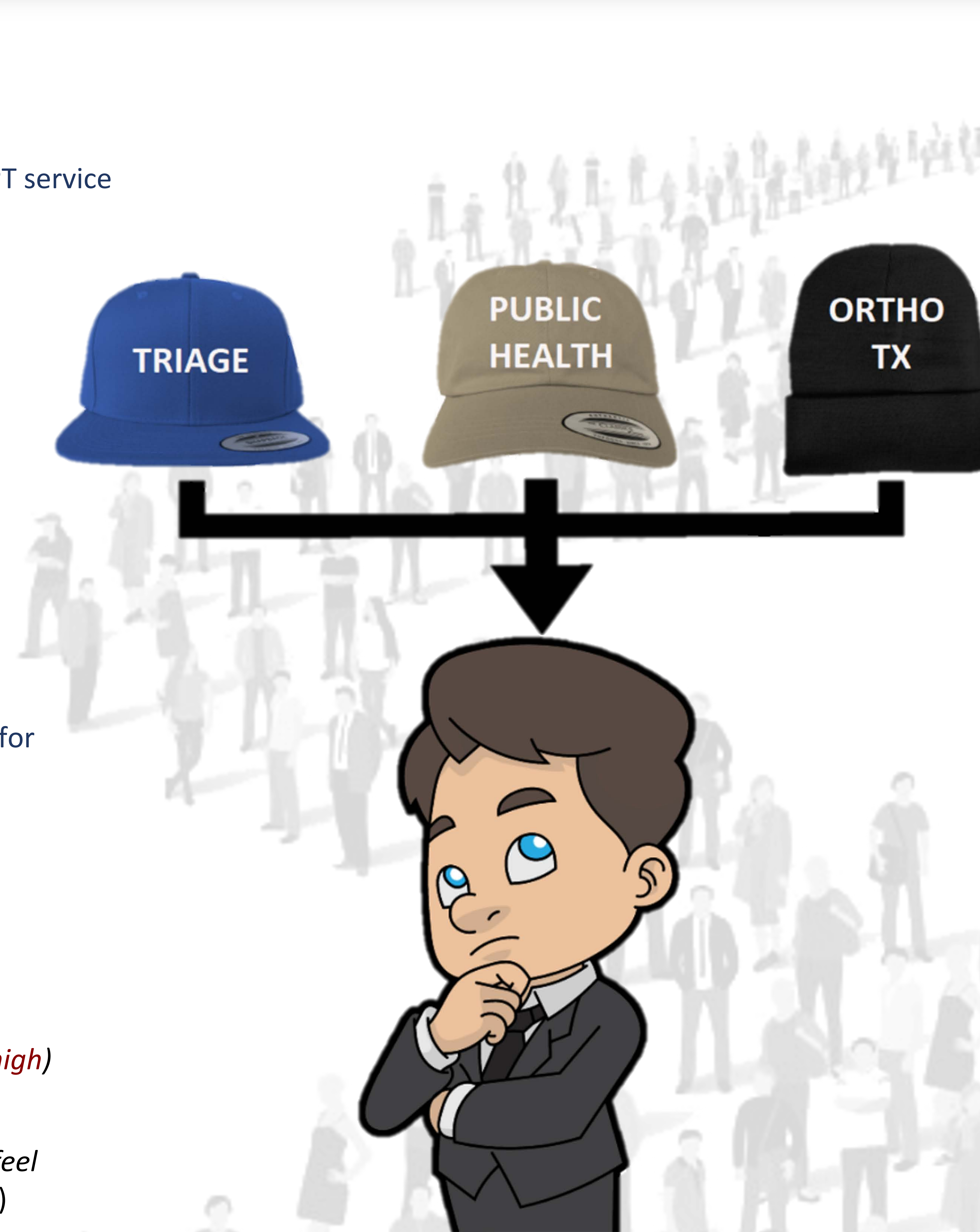
Ross Dixon • Sheila Perkins • Brian Schaudt • Josh Thoreson • Kendra Woodson • Jeff Houck

PARTICIPANTS

- 146 musculoskeletal patients attending a primary care PT service
 - mean age = 51.6 ± 17.5 yrs
 - 66.2% female
 - 31.8% with spine complaints (vs. extremity)
- Injury onset:
 - 27.3% acute (<3 wks)
 - 30.5% chronic (≥ 24 wks)

METHODS

- All patients seen by PT during primary care visit with PCP
- PT assessed, treated, and determined need for referral(s) for additional health services
- **All outcome measures applicable across diagnoses:**
 - PROMIS Physical Function (PF)
 - PROMIS Self-Efficacy for Managing Symptoms (SE)
PROMIS mean T-score is 50 ± 10
 - Keele Musculoskeletal Tool (MSK)
Stratified risk of persistent symptoms (low/med/high)
 - Patient Acceptable Symptom State (PASS)
"Considering your [body region] function, do you feel that your current state is satisfactory?" (yes/no)
- **Analyses to determine associations:**
 - Logistic regression
 - dependent = referred for further health services?
 - independent = PF, SE, MSK, PASS
 - potential confounders = age, gender, spine?, acuity



Primary Care PT

RESULTS

- **58.9%** of patients (86 of 146) referred on for additional health services
 - 78.3% to PT, 12% to chronic pain program
- 44.5% scored ≤ 40 on **PROMIS PF**
- 67.8% score ≤ 45 on **PROMIS SE**

	n (frequency)	% referred on for health services
PASS "Yes"	82 (56.2%)	43.9%
PASS "No"	64 (43.8%)	78.1%
MSK risk category - Low	32 (21.9%)	31.3%
MSK risk category - Medium	89 (61.0%)	65.2%
MSK risk category - High	25 (17.1%)	72.0%

Logistic Regression:

- PASS "No" \rightarrow **4.48x** greater odds referred [CI 2.0-10.1]
- MSK \rightarrow **2.37x** greater odds referred for each step up in risk [CI 1.1-4.9]

CONCLUSIONS

- PT referral decisions **best aligned** with (1) global satisfaction with health state (PASS) & (2) risk of persistent symptoms (MSK).
- Other variables were redundant or had no **statistical** influence on a PTs' referral for additional health services.
- Whether or not a **58.9%** referral rate for addition health services is acceptable is unclear.
- Data suggests potential strategy of using outcomes to stratify patients with musculoskeletal pain for more targeted referrals from primary care.
- **Further research:** follow up questionnaires with PASS at 3, 6, 9, and 12 months to compare with referrals made by PCPT.