

Abstract

Title: Pediatric Physical Therapists Provide Primary Care

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Introduction: Direct access enables physical therapists to provide screening and examination without referral. Forty-two states allow direct access with provisions, granting pediatric physical therapists (PPTs) the opportunity to provide primary care.

Purpose: This study examined how PPTs provide primary care, as described by the APTA and other primary care provider definitions.

Methods: Eighty-two (82) PPTs were recruited to complete a multiple-choice survey examining their perspectives of primary care in multiple care settings. Survey questions included background information related to education, years in practice (overall and in pediatric settings), and location of employment. The survey also explored the use of pediatric screening tools, and examination tests/measures. The survey was distributed to PPTs at a national physical therapy meeting and pediatric settings. Surveys were analyzed using SPSS 13.0 for Windows.

Results: Participants included PPTs representing 29 states, 23 states with direct access. Educational levels included: 37 with BS/MS/MPT, 32 with PhD/PCS, 12 DPT, and 1 blank. Years of practice ranged from 1 to >25. Respondents represented all practice settings with some working in multiple settings. The majority had experience in early intervention and preschool settings. According to the definitions of primary care, there was *strong* or *very strong* agreement with the following: 75 “provide integrated care;” 42 “provide a large majority of health care needs;” 65 “provide comprehensive care;” 72 “provide continuing care;” 59 “provide initial care;” 29 consider themselves “generalists;” 76 “manage chronic conditions;” 48 “manage acute conditions;” and 72 “have a specialized pediatric practice.” PPTs providing “integrated care” also provide coordinated care in the last 12 months (0.000). There was no correlation between educational background, years/state of practice, or direct access provisions with providing primary care; however, “providing integrated care” is correlated with “working in home health” (0.032). Of the 34 tests and measures listed, the most commonly used tests performed by over 50% of the PPTs included: ROM, strength, posture, joints, other musculoskeletal testing, vitals (rest and exercise), integumentary, abuse, somatosensory, muscle tone, vision, other neurological testing, PDMS II, and physical activity tests. Significant results were also found between PPTs performing and being trained to perform physical activity evaluations (0.003). PPTs who provide screenings perceived they provided preventive care (0.000).

Conclusion: PPTs are performing primary care regardless of education level, years of practice, practice setting, or living in states with direct access. Only 14 of 34 tests were used by the majority of PPTs. With additional tools PPTs have opportunities to provide even more comprehensive primary care. Limitations included the survey’s format, distribution, and lack of representation from all states.