

The Role of the Physical Therapist as a Health Educator
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Physical Therapy has historically functioned under the tenets of the disablement model where by physical therapist's formulate diagnosis and treatment based on impairments, functional limitations and disabilities (Jette). In this capacity physical therapists' have provided care as part of the modern medical construct for which the American public seeks care primarily when they are inflicted with illness or disease. They get sick or injured, they seek care and their health insurance company reimburses the healthcare provider handsomely for their work. It seems to me that under this framework physical therapy's focus was on "fixing" patients' problems largely by way of modalities and manual therapy creating a dependence on the physical therapist.

Healthcare spending in the United States is under close scrutiny by the public and the federal government as it has reached 16% of our gross domestic product (Parker). There have been many attempted and proposed solutions to this epidemic from managed care to socialized medicine. Currently, the government is spearheading initiatives to improve economies of scale and access to health records by way of electronic medical records accessible via the World Wide Web and outcomes measures to improve the cost efficiency and efficacy of healthcare. These initiatives should, in theory, improve public access to information and increase patient autonomy and responsibility for their own healthcare. In effect, patients will have access to the quality of care provided by institutions and their practitioners. Additionally, as the public carries an increasingly higher percentage of the burden of healthcare costs, they are more conscious of spending.

This modern healthcare environment has necessitated a paradigm shift for physical therapy. No longer can we create patient dependence on the physical therapist. We must teach patient the necessary tools to care for and manage their impairments, functional limitations and disabilities on their own via exercise and behavioral modification. This way we can see them for 6 weeks, instead of 6 months. Patients leave us with the tools they need to continue “treating” themselves for a lifetime. This should improve the health and wellness of Americans ultimately leading to decreased healthcare spending. Indeed we are uniquely positioned, as we have been healthcare providers for decades and are now, with ever increasing numbers, doctors of physical medicine, to be health educators.

On a micro scale we can educate our patient’s one on one for health and wellness. In fact our clinic’s mission statement, “to provide individualized outpatient physical therapy services to decrease pain, improve function and educate for self management and prevention in a friendly, compassionate and professional environment,” clearly articulates our focus on educating patients for long term prevention. We meticulously evaluate and treat our patients with emphasis placed on quality. We have regular professional staff meetings to ensure consistency of care. We utilize BioEx Exercise Pro® for our home exercise program instruction. Additionally, we have opened a satellite office in our neighborhood gym, which often facilitates continuation of safe and appropriate exercise long after patients finish their course of physical therapy.

On a macro scale, our profession can get the word out to the public, perhaps through marketing campaigns. Our clinic is taking steps to provide group classes for special populations to teach and instruct safe and effective exercise routines. We are

negotiating strategic partnerships with the gym and local specialty healthcare providers. We are forging relationships with the personal trainers, so that we may form a transition program for our physical therapy patients. We are also sponsoring a local arthritis foundation walk and we have partnered with our local arthritis foundation chapter to provide aquatic therapy to those in need.

As is evident by our clinics initiatives, we believe that physical therapy should focus on educating patients for wellness and long term prevention. We have taken and are making steps to affect our patients and the public. In this way, we are functioning as part of the medical system *and* the public health system. In our modern healthcare environment it has become increasingly more important, even critical, that we educate our patients and the public to promote health and wellness and increase patient autonomy. Those who make the change in response to the shifting focus are likely to flourish, those who don't will likely perish.

As somewhat of an aside, we believe that quality care will be the determinate of survival for practitioners in the future; not cronyism nor health maintenance organizations. We are 80% complete in our conversion to paperless practice and are currently investigating incorporating outcomes measures into the matrix of electronic capabilities. We believe in what we do and how we do it. We feel that we are positioning ourselves, ahead of the pack, for long term success in the modern healthcare environment.

References

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