

**PRESIDENT'S MESSAGE**

**Does Your Occupational Health Practice Promote Primary + Urgent Care?**

*Rick Wickstrom, PT, DPT*

Every day when I drive to and from my WorkAbility Center, I notice the banner in front of Wyoming Veterinary Clinic that prompts me to wonder when most physical therapy clinics will boldly promote their expertise for primary and urgent care.



Our profession has been slow to become recognized as primary care providers, compared to other direct access practitioner types, including chiropractors, dentists, and veterinarians. Our value to primary care is evident in APTA's landmark report of the net benefit of physical therapist services for 8 health conditions. APTA's Guide to Physical Therapist Practice 4.0 adopted the Institute of Medicine's 1996 definition of primary care: "The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing within the context of family and community." Physical therapists have been practicing primary care in the United States Army for over 50 years, yet this practice model has not fully propagated to other primary care settings.

This is my second year of volunteer service as an Ohio Delegate to the APTA House of Delegates. The groundswell continues to build within this body of leaders to improve entry-point access and payment to physical therapists who deliver high value services. Before my service as an Ohio Delegate, I teamed up with AOPT's Chief Delegate, James Spencer (now AOPT Vice President) to develop and adopt APTA Position P08-22-12-14 that supports unrestricted access to physical therapists as entry-point practitioners for activity participation, wellness, health, and disability determination.

For the 2024 APTA House of Delegates that convened in July, it was my privilege to team up with OHSIG member, Chris Petrosino (CT Chief Delegate) to introduce and pass a new APTA Position statement to support greater utilization of physical therapist services for fitness and health risk assessments for employer safety and health programs. Our rationale to justify this position was to educate members within our profession and external stakeholders

that physical therapist services create more value to justify higher payment when:

- Fitness and health risk assessments are delivered as a prevention service to support safety and health promotion programs to reduce the cost of physical therapy or other health care.
- The baseline and periodic assessments are focused on movement performance with a scope that includes biometric measures such as point of care tests of urine, saliva, or blood.
- Physical therapists and physical therapist assistants provide services under direct contract.

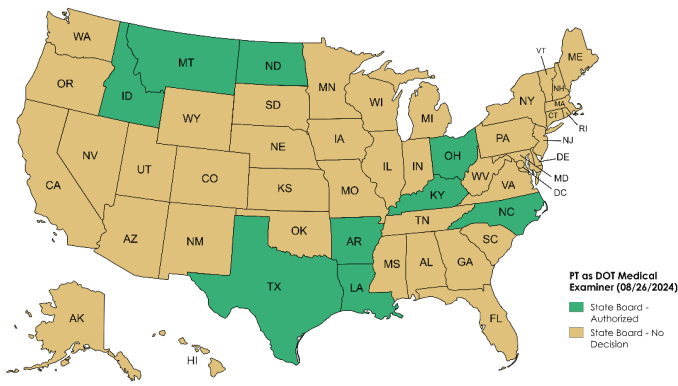
**RC 10-24 FITNESS AND HEALTH RISK ASSESSMENTS TO ADVANCE EMPLOYER SAFETY AND HEALTH PROMOTION PROGRAMS**

The American Physical Therapy Association supports entry-point and periodic fitness and health risk assessments as part of employer safety and health promotion programs aimed at improving worker safety, productivity, and health outcomes as a component of physical therapist services.

Fitness and health risk assessments may include, but are not limited to, determination of lifestyle activity demands, tests of movement performance, biometric measures of health risk, clearance for suitable work or leisure activity, and referrals for other health services.

This RC 10-24 position supports OHSIG's advocacy initiatives to obtain clarifying letters from all state physical therapy licensing boards that physical therapists are qualified to perform Department of Transportation (DOT) Physical Examinations to determine whether commercial truck drivers can safely operate commercial vehicles. In 2024, we successfully added North Carolina, Idaho, and Montana to states that clarified DOT Physicals as within the scope of practice for physical therapists. In October 2023, Steve Allison described his experiences and the process for qualifying as a Certified Medical Examiner to administer DOT Physicals in an online seminar sponsored by the Federation of State Boards of Physical Therapy (FSBPT). This recorded online seminar is available upon request. Steve Allison and I have also mentored multiple APTA state chapters to pursue this advocacy initiative. See map on page 47. RC 10-24 supports our efforts to educate state physical therapist licensing boards that it is within our scope of practice to perform screens of hearing, vision, and biometric measures such as a urine dip stick screen during a DOT Physical.

One of my take home perspectives from the APTA House of Delegates is that APTA leaders and staff need to rally to remove restrictions imposed on physical therapists that limit our value and function as primary care and urgent care practitioners. Payment will not improve without better positioning to deliver value in injury prevention, wellness, urgent care, and disability



management. A bold approach to advocacy is needed in all settings and organizations to remove language from state practice acts, insurance benefit plans, and healthcare organization policies that is confusing or more restrictive than scope of practice communicated in Federation of State Boards of Physical Therapy (FSBPT) Model Practice Act. This FSBPT language is designed for consumer protection and should be the minimum standard for compromise during negotiating to improve access and autonomy to physical therapists in primary care, urgent care, and specialty care.

This edition of OPTP includes a Member Spotlight on Christopher Petrosino, PT, PhD. Chris serves as a mentor and instructor for our OHSIG Occupational Health Practitioner Certificate's final course, Facilitating Therapy Services for *Total Worker Health*.<sup>®</sup> The OHSIG implemented this certificate program to promote evidence-based practice and referral opportunities to our members as a benefit of belonging. Chris is a passionate advocate for direct-to-employer services as a future frontier for physical therapist practice that is not limited by traditional insurance plans. He is energized to help occupational health clinicians deliver services to meet the needs of employers and create a healthy community. We are blessed to have him as an active OHSIG volunteer.

### OHSIG MEMBER SPOTLIGHT



**Christopher Petrosino, PT, PhD**  
*Occupational Health Practitioner*

#### Why did you become a Physical Therapist and Occupational Health Practitioner?

I entered college in the mid-1980s and, like most aspiring physical therapists, “I wanted to help others.” Having always been

fascinated with how the mind and body work, I began a major in psychology then soon decided to complete a double major in psychology and physical therapy. Yet, what hooked me was one of my mentors, Mark Basich. Mark was a physical therapist at a local hospital where I grew up, and he had a passion for evidence-based practice and occupational health. We both lived in the Ohio Valley near steel mills and coal mines and through observing his positive impact on his patients, my passion was sparked and continues with the intent to do the best I can in helping others. I have been actively engaged in occupational health since 1990. This afforded me many opportunities to build my experience in program development, delivery of injury prevention programs, and therapy services for large employers. I designed and implemented a full scope of direct-to-employer services, as a Manager of Industrial Medicine during my early career.

#### What is your current Occupational Health service focus?

As an academic and consultant, my service focus is to educate and assist in starting or refining occupational health services. My academic position is to serve as the Chair of Physical Therapy and Human Movement Sciences at Sacred Heart University. As Chair and Director of the Doctor of Physical Therapy Program, I oversee programs in athletic training, exercise science, and post-professional residency education. For students, I educate on the benefits, risks, and challenges physical therapists and physical therapist assistants encounter in providing Total Worker Health (TWH) and Direct to Employer Services (D2E). This includes developing examination and intervention skills needed for the occupational health practitioner. As a provider consultant, I assist in business management and development including market and competition analysis, strategic planning, and building relationships with employers. My service extends to advocacy for TWH and D2E services through components of the APTA, with employers, and with DPT students. I’ve always been active in the APTA throughout my career and currently serve as the Chief Delegate in Connecticut and on the OHSIG Education Committee for the Occupational Health Special Interest Group of the Academy of Orthopaedic Physical Therapy.

#### What do you love most about your Occupational Health Practice Focus?

What I love the most in my role as an Occupational Health Practitioner is connecting with students and private practice owners who appreciate the vision of what TWH and D2E services can do for individual and organizational health and wellness. Seeing patients, practitioners, and occupational health programs reach their goals and succeed is extremely rewarding. I love the challenge of cultivating an entrepreneurial spirit in others, which drives occupational health services.

#### What frustrates you most about your practice environment?

I believe we can substantially impact third-party payers, especially for-profit insurance companies dictating the practice of physical therapists through denial of payment, by contracting directly with employers. Having won a case through an Administrative Law Judge against a private insurance company that repeatedly denied payment for service and placed administrative barriers to accessing care in a Medicare Advantage Plan, I’ve learned there may not be recourse in working with regulatory agencies. Change needs to come through our state and federal legislators to stop abusive practices. Senator Richard Blumenthal from Connecticut

is highly aware of issues with insurers, and he has advocated for breaking the unethical practices of insurers influencing patient care and creating administrative burdens as barriers to payment. I firmly believe that the primary contributor to physical therapist burnout and unwarranted variation in physical therapy practice is related to profit driven third party payers.

**How do you hope to position your practice in the next 5 years?**

In the next 5 years, I have two objectives:

1. to carve out time to get more hands-on with employers and patients within a private practice, where I've been a consultant over the past few years.
2. to offer an elective course in Occupational Health to DPT students. I've taught various components of occupational health in courses throughout my career, but I would love to have a focused elective course offered.

**What regulatory or organizational changes are needed to promote Occupational Health Practice?**

- We need to continue to engage with regulatory bodies to optimize our payment for quality physical therapy services.
- We need a critical mass of physical therapist providers engaging in Direct-to-Employer Services and providing the full complement of Total Worker Health Services.
- We need to advocate with patients, employers, other health care providers, legislators, and insurers for physical therapists and physical therapist assistants as the best health care providers to optimize outcomes in health, wellness, preventative programs, rehabilitation, return to work, and performance enhancement.
- As an Association, the APTA needs to develop a consorted effort with a centralized organizational structure for Occupational Health Services that can mobilize our membership nationally through chapters and components of the APTA. This organizational change can assist in a workforce study that is needed to assess what Occupational health services are being provided

by physical therapy practices and the extent of services employers are selecting to benefit their employees and organizations. RC-13-22 which passed in the APTA House of Delegates has received some attention by APTA leadership but needs much more work to reach the goal of “a coordinated approach to enable members to pursue direct-to-employer physical therapist services.”

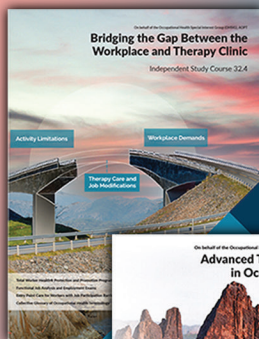
**Need an OHP Jumpstart for Direct to Employer Contracts?**

Reimbursement, Access, Authorization and Patient Advocacy are issues that restrict physical and occupational therapists from practicing at their full scope of expertise. PTs/OTs on social media platforms are wondering what path would make a difference for their patients and careers. The Occupational Health Practitioner (OHP) Certification was created exactly for this reason.

Expanding your skillset with OHP Certification will liberate your practice from traditional insurance headaches with a plethora of new tools, such as: Functional Job Analysis, Job Fitness Exams, Job Coaching, Early Intervention, Workplace Wellness, and Work Rehab to advance worker participation and well-being from hire to retire.

OHP Certification includes mentorship to foster delivery of D2E therapy services that focus on Total Worker Health. Break free from the post-injury episodes of care. Prevent injuries, make employee lives better, and reignite your own passion as a health professional in a financially stable environment. To request more information, email: orthoisc@orthopt.org.

**OCCUPATIONAL HEALTH PRACTITIONER CERTIFICATE**



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- Step 2: Advanced Therapy Programs in Occupational Health
- Step 3: Facilitating Therapy Services for Total Worker Health®



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