

Guidelines for Submission - Innovative Practice Award

- **Name:** Seth Peterson
- **APTA #:** 536717
- **Address:** 812 W Calle Casquilla, Tucson, AZ 85704
- **Email:** srpeterson01@atsu.edu
- **Practice Setting:** Outpatient orthopedic private practice (The Motive PT)
- **Innovation Name:** Digital physical therapist triage

Practice Innovation Description:

Within the Innovation Description section of your application, please outline the following components:

- Description of Practice Innovation:

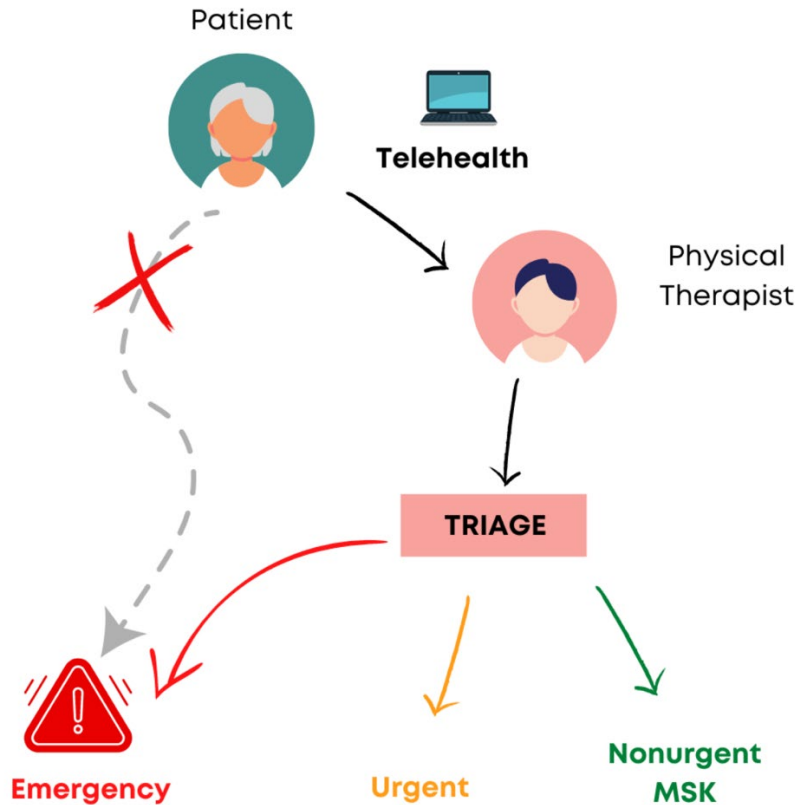
In 2020, we noticed that our practice's rapid implementation of telehealth stopped several patients from seeking care in the ED. Several patients said that "they would have gone to the ED" if it wasn't for our use of telehealth.

In response, our practice designed a telehealth program specifically for the purpose of triage during urgent musculoskeletal situations. We believe physical therapists are best positioned upstream of places like the ED and urgent care centers, where imaging and long wait times are impractical and costly.

We developed a website and spread the program through word of mouth, and since the program's more deliberate launch in 2023, we have saved a number of patients from seeking care in the ED. We have been lucky in the fact that we have a small practice and communication is rapid and easy between the physical therapists and front desk, as well as the fact that both physical therapists have advanced training in orthopedics (OCS/FAAOMPT) and have taken additional coursework or teach on Primary Care PT. We believe this is a program that could be more widely adopted by PT across the board, and co-authored a blog with Rebekah Griffith, DPT, NCS and Mark Milligan, DPT, OCS, FAAOMPT available here:

<https://theeddpt.com/how-physical-therapists-outside-the-emergency-setting-could-help-save-it/>

as well as presenting the concept at CSM in San Antonio for the Orthopaedic Academy. The Figure below illustrates the basic concept underlying digital physical therapist triage.



- Application of Practice Innovation

What we are calling “digital physical therapist triage” pipeline is used in our clinic when there is a call from a patient or potential patient with a development in their condition that is severe, such as challenging their ability to walk without severe pain, or spraining their ankle and not being sure where to seek care. The patient is seen in a brief 15-minute session in which essential questions and screening tools are used, such as the Ottawa Ankle Rules or even the Canadian C-Spine rules after an MVA to help direct the patient to the appropriate provider or encourage them to do specific activities until they can come into the clinic. In alternative scenarios, we can arrange for transportation for patients or direct them to hospitals (in emergent scenarios) or urgent cares/clinics (in urgent scenarios) that would be best-suited for the problem.

- What makes it innovative?

My definition of innovative, using the innovation-adoption curve made famous by Everett Rogers, is the invention/adoption of a new idea/method/product, particularly by the first 2.5% of people. I believe we are the first and still only ones in the US using such a program. It leverages technology and the specific knowledge attained through advanced training in an orthopedic

residency and fellowship in OMPT to offer physical therapist services exactly where they are needed and can have a major impact.

- Unique Attributes of the Innovation

When we presented this idea at CSM, it was well-received, but people have asked the obvious question: what risk does the physical therapist take on? Can any physical therapist do it, or does it need special training? All I can say is that, in Arizona, I am confident that it falls within the scope of our practice act and within my scope of knowledge.

To my knowledge, since we presented it, no such program has been implemented other than ours across the entire US. There are similar programs in which physicians in the ED are using telehealth to triage patients, but none in which PTs are leading the program. As a result, I truly believe it is an example of “top of scope” practice.

- Impact on the Profession

The potential impact of this specific sort of “digital triage” is that it helps the broader movement to position physical therapists at the front of the care process. As previously mentioned, we have presented this at CSM and discussed it in other forums with the aim of encouraging adoption across the profession. If digital physical therapist triage was adopted more widely, it could have a huge impact on preventing over-utilization of the ED by patients with musculoskeletal pain. It also has the effect of demonstrating to other providers and patients the depth of our knowledge in musculoskeletal conditions.

- Impact/Relevance of Practice Innovation to Patient Care/Treatment

The primary advantage of this innovation to the patient is providing the right care at the right time. By doing so, it can save the patient huge amounts of money, time waiting in the ED, and usher the patient more effectively into settings that may be more appropriate (a cardiologist’s office, an urgent care center, an imaging center) if warranted. Staking out a position at the forefront of care has been a continual challenge for PT. There are concrete examples that are more fully described in the attached link to the blog, but we have helped patients avoid ED trips, direct them to imaging centers, get them into specialists offices on the same day, and more. These are real-life, tangible changes to patient lives.

- Outcomes of the Practice Innovation

Our clinic soft-launched this in 2023 through word of mouth and have been able to help several patients, though we have not kept formal track of the financial impact or the number of patients seen in this way. We have not formally advertised this program to the public or marketed it at

health fairs, etc, and I have a sense that the number of patients we could see would balloon if we did so.

- Cost of Innovation

Our clinic uses a HIPPA-compliant telecommunications account (Zoom) that is probably \$450 per year to maintain in addition to the website. Other costs include PTs working into lunch or at the end of the day to see patients occasionally. Part of the benefit of this grant would include expanding and advertising this service, which would increase costs.

- Training Required for Utilizing the Innovation

We have two physical therapists now who have already undergone training on Primary Care PT, differential diagnosis, etc. One is residency and fellowship-trained and the other is a Doctor of Science in PT. However, onboarding physical therapists would need to undergo advanced training to ensure they are confident and safe.

- Justify AOPT funding this Innovation

Our practice is expanding. As I look forward, this funding could be used in two ways: 1) To train incoming physical therapists on the program, which would include continuing education and mentorship on differential diagnosis until they reach a point of mutual confidence in their knowledge and decision-making. 2) To market the product directly to community members online and at health fairs, which has not been done specifically due to current staffing challenges. One reason we are expanding is because our caseload is so full, so we have temporarily taken down the digital PT triage web page and are only using word of mouth. The costs of both of these initiatives would exceed the amount of the award, but it would go a long way towards expanding these efforts.

- Benefit(s)/Value to Clinical Practice

Digital physical therapist triage has proven to be extremely valuable, both to our practice and the patients who have taken advantage of the service, as an additional entry-point for care that allows the physical therapist to prevent downstream over-utilization of care.

I believe this is a model that could and should be used widely across the country in physical therapy clinics. Since I am unaware of another existing program, there are some challenges that come along with experimenting with a new method of care delivery. However, I am confident in the value of this program and the benefit it offers to patients.