United States Army
Direct Access Model

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Direct Access and Advanced Scope of Practice in
Physical Therapy
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Purpose

- Provide an overview of the existing model of direct access/first contact PT practice in the United States Army
United States Army PT Model

- Primary Neuromusculoskeletal Evaluation (NMSE)
- Vietnam
- Post Vietnam
  - vast number of patients with NMS problems
  - shortage of orthopaedic surgeons
  - long delays in primary care
Mission of Army PT

- Provide PT evaluation and treatment to correct or prevent physical impairment resulting from injury, disease or preexisting problems
- Serve as independent practitioners (physician extender role)
  - Perform primary care for patients with neuromusculoskeletal disorders/dysfunction
- Technical advisors to commanders
  - Physical fitness
  - Physical training
  - Injury prevention
- Mass casualty situations
  - Managing patients categorized as “delayed” or “minor”
  - Augment the orthopaedic section
Triage

**Traditional**
- Troop Medical Clinic (specialist, PA, MD)
- Orthopaedic Clinic or PT Clinic
- PT Clinic

**Modified for NMS**
- Troop Medical Clinic (specialist > PT)
- PT Clinic for evaluation
  - intervention
  - referral to MD
Concerns & Strengths

Concerns
- misdiagnosis
- undiagnosis

Strengths - efficiency and quality care
- education
- expanded clinical experiences
- physician supervisor/CQI
Training & Army Regulations

- US Army-Baylor University Graduate Program in Physical Therapy
  - Doctoral (DPT) Program
  - Advanced NMSE Course – COL Kersey

Specific protocols for NMSE credentials - per Army Regulations
  - education and clinic experiences locally
  - CME
  - CQI programs (locally)
Additional Privileges

- Radiographic - order X-rays, bone scans, CT, MRI
- Restrict patients - “quarters” (rest)
- Restrict work - “profile”
- Prescribe medication - analgesic, muscle relaxers, NSAID
- Refer to specialty clinics - ortho, neuro, cardiology, medicine, NS
- Admitting privileges
Advantages of NMSE

- Prompt evaluation and treatment for patients with NMS complaints
- Promotion of quality health care
- Decrease in sick-call visits
- More appropriate use of physicians
- More appropriate use of PT’s education, training and experience
Assessment of NMSE Program

- Overwhelming success – 40 years
- No record of any legal action being brought against Army PTs or the government of the US as a result of PTs serving in a physician extender role
- Army, Navy, Air Force, USPHS
- Civilian Practice
  - Kaiser, VA, Corporate Health, Occupational Health
Mobilization & Deployment

- Field Training Exercises
  - Reforger
  - NTC
- Overseas deployments
  - Desert Shield/Desert Storm (SW Asia)
  - Haiti
  - Bosnia
  - SW Asia
  - Iraq, Afghanistan
Military Physical Therapy Practice

- 1-Ranger Regimental HQ
- 3-Ranger Bns
- 5-Special Forces Gps
- 1 per SBCTs/BCTs
- 1 per CSH
- EMEDS + 25 (AF)
- SOC: 2-Delta Force
U.S. Military PTs in OEF/OIF (2001-October 2008)

- 122 AC/RC 65Bs deployed on 153+ deployments
- Optimize RTD status
- Reduce unnecessary evacuations from theater
References


- Childs JD, Whitman JM, Pugia ML, Sizer PS, Flynn TW, Delitto A. Knowledge in managing musculoskeletal conditions and educational programs of physical therapists in the uniformed services. Military Medicine 2007;172(4), 440-445


