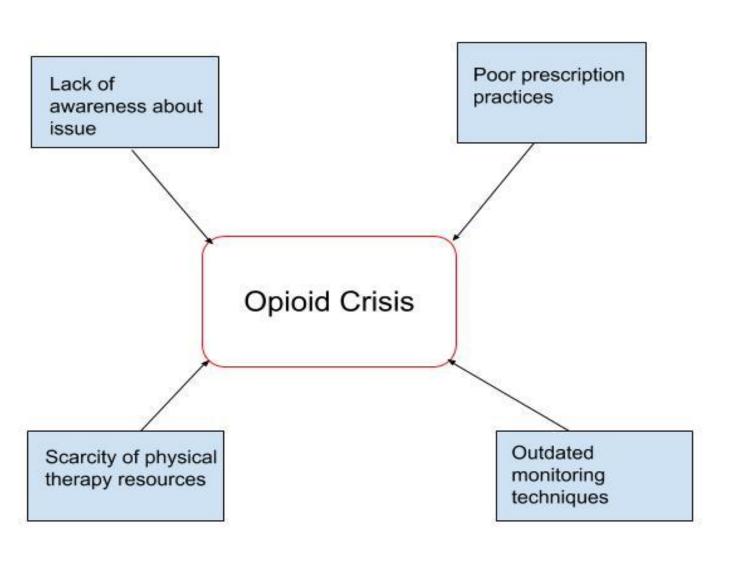


Availability of Physical Therapy to America's Indigent Population

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INTRODUCTION

According to the Center for Disease Control (2017), "Overdose deaths involving prescription opioids have quadrupled since 1999, and so have sales of these prescription drugs. From 1999 to 2015, more than 183,000 people have died in the U.S. from overdoses related to prescription opioids." (2) Our healthcare system needs to change in order to help solve this crisis, and physical therapy is an excellent alternative to longterm opioid use.



Physical therapy, however, is not easy to get, making it incredibly difficult for millions of low income Americans to address their pain(1). With this in mind, what is the availability of orthopedic physical therapy to the indigent population of America and how could it prevent an increase in opioid abuse?

RESEARCH METHODOLOGIES

The Action Research approach required me to identify an issue and implement a solution to try and improve that issue. My project also required me to work with members of the pain management system, another key part of the Action Research criteria. In addition to Action Research, I used Evaluation Research as my secondary inquiry approach. It required me to evaluate the social program I suggested and infer the possible results of that program. I collected my data through interviews with practitioners and asked them about their patient panels. Their answers returned to me in percentages and personal opinions on my questions. Once I collected the data, coding was used for both the qualitative and quantitative parts, revealing themes and recurring messages throughout the data.

DATA AND FINDINGS

Themes:

Dr. Perkash (Pain management)

(Family medicine)

Dr. Sathy (Surgeon)

Dr. Gladfelter (Physical therapist)

Current Efforts:

"If I have somebody who comes in who's already habituated on opioids...I go through extensive counseling with them...I often will recommend that they go to a pain clinic and get psychological counseling and possibly see a psychiatrist as well who is an addiction specialist."

[Referring to individual meetings] "No. I mean, I'm doing that with every single patient that is either at risk for being on opioids or is on opioids. So I'm doing that one-on-one with them."

"It's called knowyourback.org, and it's the largest spinal organization in the world with, you know, 10,000 spine professionals as members. And I give that to every single patient."

ressing the question referring to prescript pioids, "You just talk to them about it and give your perspective as a medical professional?"]

eferring to prescription opioids] "we use them when we need to, but I try other alternatives, an efinitely counseling when people want a refill of them. And kind of exploring all the other options before doing the refill."

...on my post-operative patients, I've changed my pain protocol to go to more non-narcotic medicine."

"I use a pamphlet a talk to them."

Our treatment is 40 minutes of one-on-one time and they're at our clinic for an hour total."

"We are going to be adding some online rograms ourselves. I have actually had patients who say that they were told by their doctor to ook online for information and it didn't work fo them because it's not individualized to them."

We have an exercise program that we send people home with that is online...we can print i for them. It has the ability to view videos and have a description and picture of the exercises and we're demonstrating in the clinic for them.

Prescription:

"If I see 20 to 30 patients in a day, I might do one or two opioid prescriptions per day. But those are always with counseling and a discussion that this is for short-term use just to get you through a very short period of time, meaning days or weeks at the most."

"I would say that 100% of my patients get a tailored exercise program, partly under the direction of a PT and partly under the direction of me."

[Referring to her opioid prescribing tendencies] "So it's basically like, maybe two times in a year. I mean, it's very rare.'

prescribe a lot of physical therapy. So today. I think I prescribed out of those maybe six people, two physical therapy prescriptions.(...) So it is a pretty large component of my management."

"I'm getting less and less now over the last several months. Usually, for patients who have surgery, I usually prescribe some narcotic. Anyone who has a surgery probably gets a narcotic. (...) As far as other types of patients, non-surgical patients, I'd say less than 5%. That's probably being

"physical therapy? (...)I would say, less than

"If I do a procedure, I'll have people take Tylenol and Advil around the clock. Then use the opioid as breakthrough."

[Referring to the question, "Can prescription opioids be more helpful managing pain i some situations than physical therapy?" "No. It's possible that they might be helpful in conjunction but I don't think that it's the best alternative by itself because it doesn't get to the root of the problem of what's going on.

Chronic Pain Rate:

"80% of my patients have chronic pain, chronic spinal pain."

"The definition generally in medicine for chronic pain is pain lasting more than three months."

"For chronic, chronic pain, would say maybe five to ten

"I'd say less than 5%, if even that much. I'd say probably even less than 2%.

[Referring to the number of patients with chronic pain] " would say probably about 80%."

Solutions:

"Just giving them information, I found, isn't enough. They need support. They need to understand why it's important. And then they need reinforcement."

Figure 1

"...I give them the website. You know, the therapists are telling them the same thing. I'm telling them the same thing. You try to get their family members involved. You try to make this, you know, almost a 360 degree feedback loop."

"In the US, people want to be 'knocked out.' They don't want to face that pain or anything. And culturally, we in the medical profession have catered to that.'

"So there's a cultural aspect to this that I think that the US is just starting to come to terms with...Because, you know, the first time somebody screams in pain and wants, you know, the strongest painkiller, and then wants it over and over again, some of that, unfortunately, is inappropriate expectations that we've set up for people."

"But actually having some sort of, pamphlets are probably kind of nard to find, because they need to be printed, but probably I should look around for a good resource online or something, that would be

... It just kind of depends on how user friendly they are."

"... Talking to them about how pain works."

"I think again now with all the media centered around it, I don't think I need as much. I think people are more open."

"...in general, I think people need to understand that you're not going to die from pain. You can't, but you can die from overdosing on opioids. Sometimes it's better to have a little bit of pain and just kind of suffer through..."

"We have a lot of people going beyond physical therapy to get help vith resources....we are developing some things that are more ducational to meet that need of having them have resources but we also maintain a higher length of time with our patients than the average physical therapy clinic."

I think that the online growth is gonna be big and we are using esources to move with modern times...it will set our practice apart from a lot of other physical therapy clinics."

Figure 1 is the coding table

to the left. This graphic shows other information I collected from a range of questions. It includes opinions and estimated percentages from a variety of doctors.

% of people covered by Government insurance (fig 2)

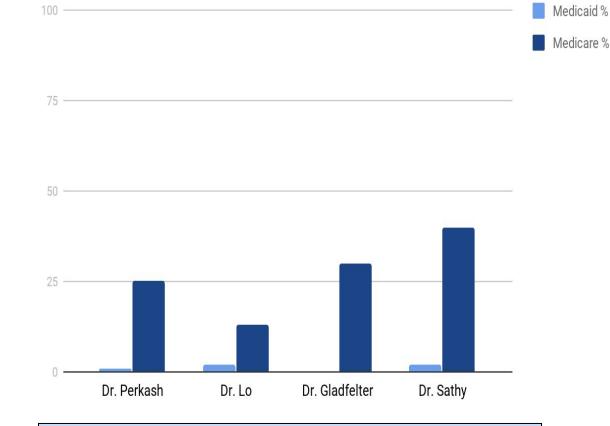


Figure 2 is this bar graph above. It shows the percentages of patients with Medicare or Medicaid

REFERENCES

Special thanks to Doctors Perkash, Lo, Sathy, Gladfelter, and Dyner, for helping make this project possible. would also like to thank my AAR teacher, Ms. Angell, for being there at every step of the process. **Works Cited:**

¹Medicaid. (2017, September 30). Medicaid.gov. Retrieved December 10, 2017, from Medicaid and CHIP enrollment data

https://www.medicaid.gov/medicaid/program -information/medicaid-and-chip-enrollment-d ata/report-highlights/index.html

²Volkow, N. D. (2014, May 14). America's addiction to opioids: Heroin and prescription drug abuse. Retrieved October 23, 2017, from National Institute on Drug Abuse website: https://bit.ly/2HmQpOq

DISCUSSION, ANALYSIS, AND EVALUATION

As seen in figure 1, the percentage of people covered by Medicaid with private providers is low, the highest being 2%. Dr. Gladfelter also stated there are not enough physical therapists in her practice to meet demand. However, doctors do seem to be moving away from prescribing opioids, and they are referring their patients to physical therapists instead (figure 2). Addressing the root of the problem can be seen in both the Current Efforts section and in the Solutions section. Dr. Sathy and Dr. Perkash both agree that a cultural shift needs to occur in America, and dealing with mild pain needs to be accepted. All doctors agree that more education needs to be offered to anyone considering opioids to keep their usage appropriate (figure 2). Those same doctors agree that a 360 degree effort is needed in response to addiction.

CONCLUSIONS, IMPLICATIONS, AND NEXT STEPS

Data was collected from Bay Area physicians who ranged in profession and in patient panel. Responses highlight the opioid crisis and how doctors from different fields around the country respond. The best way to address the crisis involves a multitude of changes: education for patients, children in school, and physicians are needed. A mindset change to one that does not seek to immediately mask short-term pain is also needed. As Dr. Perkash stated, "...in the US, people want to be 'knocked out.' They don't want to face that pain...." This will take years and require a national effort. Next steps include:

- Identifying and amplifying existing programs that help people with limited resources access pain management.
- Investigating government regulation its impact on healthcare professionals and patients.
- Finally, developing curriculum educating adolescents on the dangers of opioids, prescribed and unprescribed. Most importantly, this curriculum must show how other nations deal with pain and demonstrate to the students that pain can be tolerated without medication.