



# Availability of Physical Therapy to America's Indigent Population

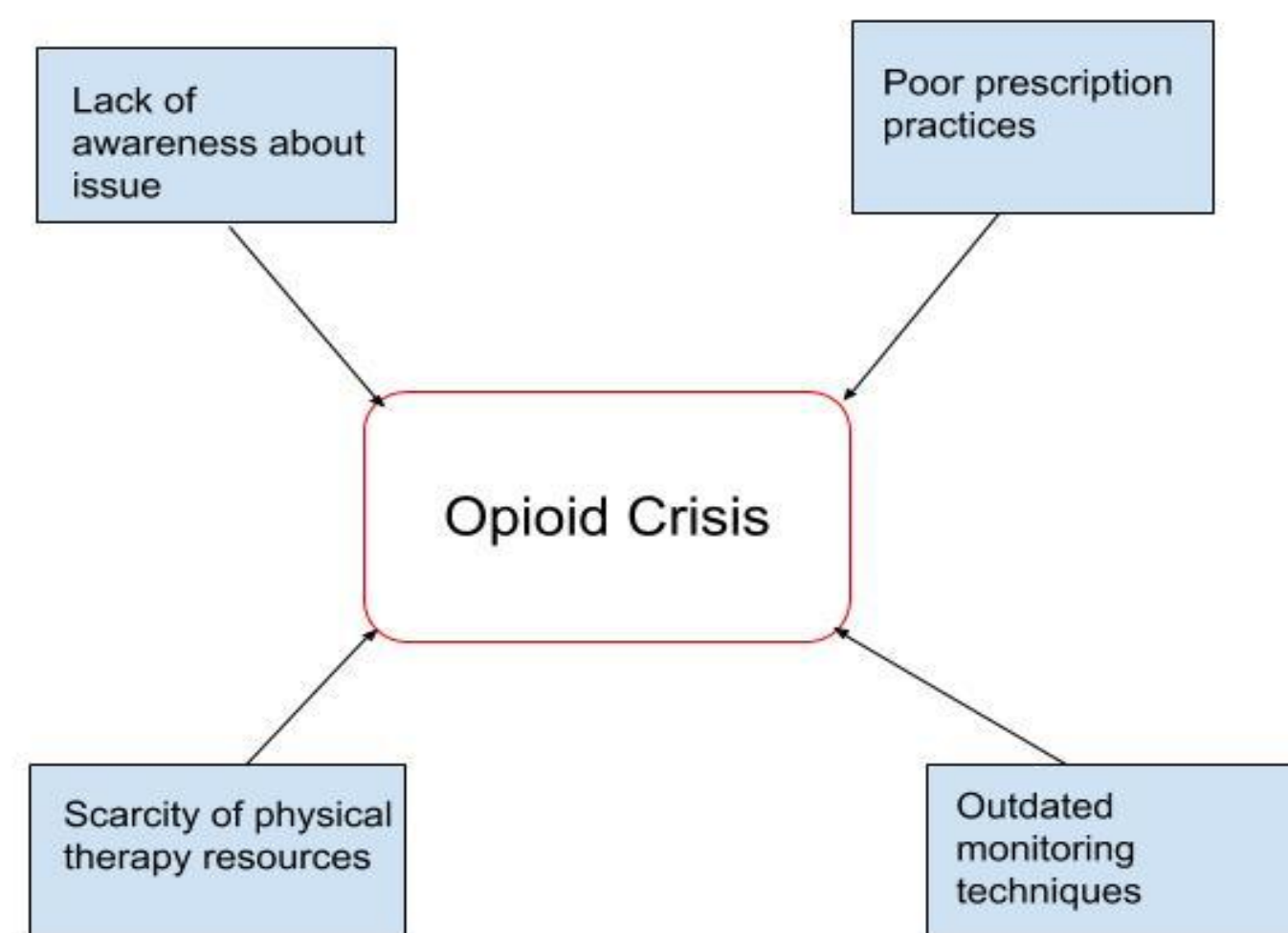
Jake Varner<sup>1</sup> and Dr. Dyrer<sup>2</sup>

<sup>1</sup>Palo Alto High School, <sup>2</sup>Palo Alto Medical Foundation



## 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 long-term 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:	Current Efforts:	Prescription:	Chronic Pain Rate:	Solutions:
Dr. Perakash (Pain management)	"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."	"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."	"80% of my patients have chronic pain, chronic spinal pain."	"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."
Dr. Lo (Family medicine)	[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."	"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."	"The definition generally in medicine for chronic pain is pain lasting more than three months."	"...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."
Dr. Sathy (Surgeon)	"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."	[Referring to her opioid prescribing tendencies] "So it's basically like, maybe two times in a year. I mean, it's very rare."	"For chronic, chronic pain, I would say maybe five to ten percent."	"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."
Dr. Gladfelter (Physical therapist)	"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."	[Referring to her opioid prescribing tendencies] "So it's basically like, maybe two times in a year. I mean, it's very rare."	"I'd say less than 5%, if even that much. I'd say probably even less than 2%."	"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."

Figure 1

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.

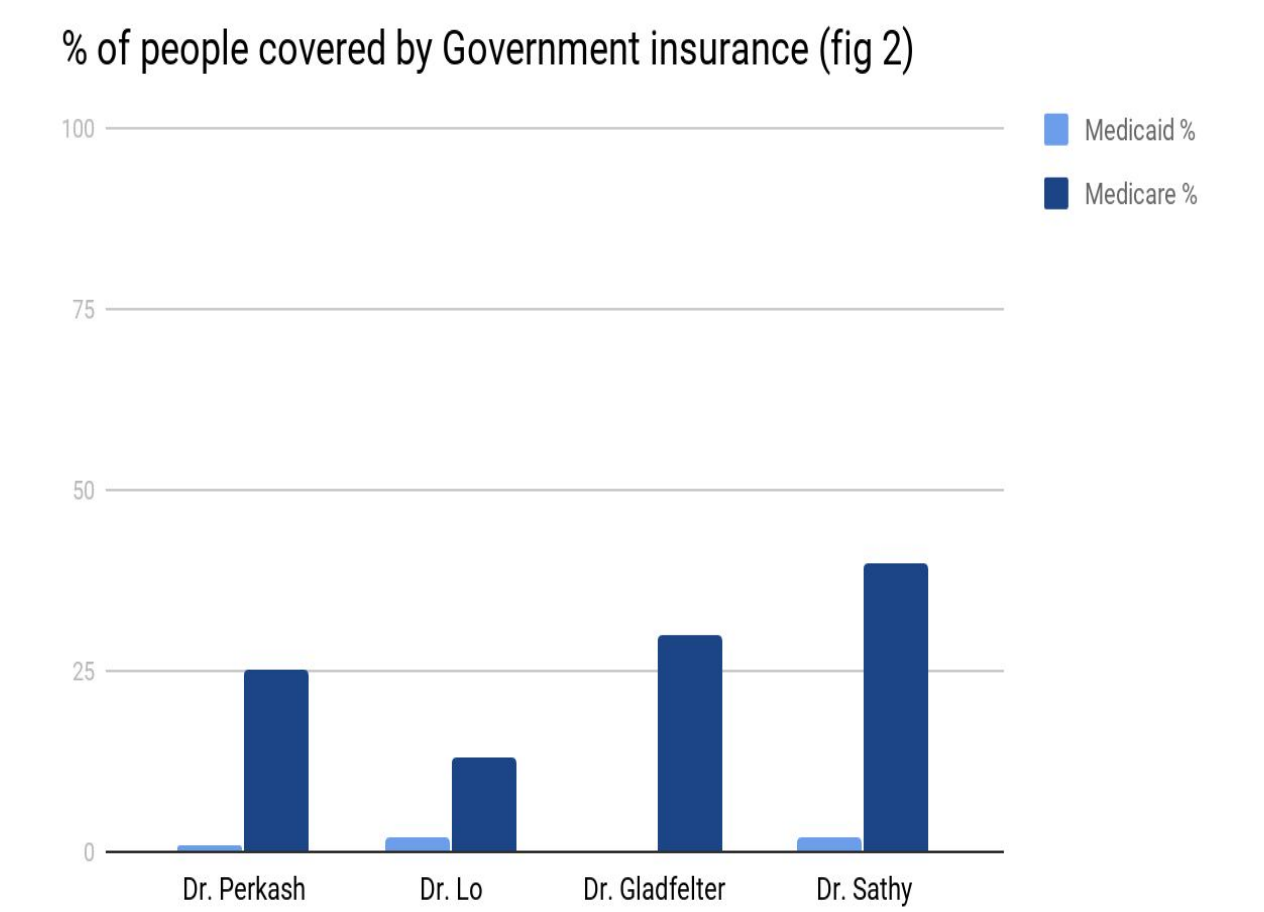


Figure 2 is this bar graph above. It shows the percentages of patients with Medicare or Medicaid

## REFERENCES

Special thanks to Doctors Perakash, Lo, Sathy, Gladfelter, and Dyrer, for helping make this project possible. I would also like to thank my AAR teacher, Ms. Angell, for being there at every step of the process.

**Works Cited:**  
<sup>1</sup>Medicaid. (2017, September 30). Medicaid.gov. Retrieved December 10, 2017, from Medicaid and CHIP enrollment data website: <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>  
<sup>2</sup>Volkow, 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. Perakash 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. Perakash 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.