

Musculoskeletal Health...

We Are Doing It All Wrong!

Musculoskeletal conditions and problems are the number one cost driver in the workers compensation system and within the top three diagnostic cost categories in the general health system of employers within the United States. Medicare and Medicaid are similarly impacted by the escalating costs of the musculoskeletal system. Musculoskeletal conditions account for billions of dollars of expenditure, significant human suffering and increasing levels of disability / lost productivity in the USA.

The current US Healthcare System's approach to musculoskeletal conditions is ineffective, inappropriate, and primarily reactive, thereby leading to these escalating costs and disability levels. The current system's solution is to continue to throw **new** medications, **new** diagnostic technologies and **increasingly** invasive surgical procedures at the problem, all to no avail. Costs and disability are still rising. The problems with the current approach can be summarized as follows:

The current approach is focused on the need to label each condition with a disease or pathology of a particular anatomical structure (IE: degenerative disc disease, osteoarthritis of the knee, impingement syndrome, etc.). The overwhelming amount of research demonstrates that this disease or anatomical labeling approach is inferior to an approach based upon functional syndromes or movement patterns.

The current approach considers a musculoskeletal condition ONLY in its acute, flared up state. Once the acute pain and inflammation is under control, the current system considers the case resolved. When considering surgical interventions, cases are often considered a "successful intervention" when the surgical procedure has been completed without complications, even when pain and disability have not been improved.

The current system relies heavily on the "medical model" that places various subsets of the physician community as the gate keepers of each musculoskeletal condition, even though published research from multiple sources has continued to demonstrate that the musculoskeletal system is not adequately covered in medical schools and most residency programs. Independent studies measuring the knowledge base of various subsets of physicians again demonstrates an inadequate level of musculoskeletal knowledge to merit their position as gate keepers for this aspect of human health.

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Truths Or Myths...

(Opposition to Physical Therapists as Musculoskeletal Primary Care Givers...)

Not everyone is supportive of the HCE model. Opposition stems from various parties that have a vested interest in the maintenance of the current model.

Public Safety: The opposition holds you or your employees must see a physician BEFORE being treated by a physical therapist in order to keep them SAFE. This implies that physicians DO NOT make medical errors. In fact, medical errors lead to thousands of unnecessary deaths and cost billions of dollars each year.

Published research has clearly documented that physical therapists can determine when their patient should be referred to a medical physician for a NON-musculoskeletal condition. In fact, many published cases have documented serious pathology being discovered by a physical therapist, even after several physicians have evaluated a patient.



PT Education Level: Another erroneous point from the opposition is that physical therapists do not have adequate education to be musculoskeletal primary care givers. Physical therapist's basic education level typically places their musculoskeletal knowledge base well above the majority of physician subsets (orthopedists score the highest) and advanced physical therapy training mentioned above places select physical therapists at the level of orthopedic surgeons.

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Musculoskeletal Health...

Eliminate the Pain and Cost! Move Right / Move Often!

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The HCE model or approach toward solving the musculoskeletal crisis in the United States has the following main points:

- HCE’s approach to musculoskeletal conditions focuses on proper and efficient movement of the human body. Inappropriate movement performed for too long leads to inappropriate tissue adaptation, degeneration and eventually tissue failure. However, even in severe cases of tissue degeneration, proper movement can halt and even reverse the tissue damage. Many factors go into “proper movement.” These factors include mechanical, physiological, neurological and even psychological components. Failure to address each of these components in every case is a disservice to the employee / patient.
- In today’s US healthcare environment, the physical therapist with advanced training is the only professional with adequate skills to address the problem correctly, while keeping the public safe.
- Properly trained physical therapists should be placed in the role of musculoskeletal primary care givers working in harmony with their like-minded physician colleagues. This model is currently in place in many other Countries as well as within the US military, and has proven extremely successful at controlling cost, suffering and disability.
- The HCE model would place HCE’s highly trained physical therapists within larger employers, while working to train and guide physical therapists that work in local physical therapy clinics. These local clinics would work with HCE to deliver the new model of prevention and treatment to the smaller/medium employers and to the public at large.
- The use of technology for operations, education, communication and other functions will enhance the success and efficient delivery of the HCE model.

Truths or Myths...

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Over Utilization & Cost: The final point made by the opposition appeals to your business sense. The concept is that PT cost and utilization will sky rocket if the public can go directly to physical therapists and are not “policed” by physicians.

Nothing could be further from the truth. In as study* of over 11,000 cases, direct access to physical therapy care resulted in sixty-percent FEWER physical therapy office visits AND more than half the cost (\$1,004 VS \$2,236).

*Mitchell, J M, de Lissovoy, G. comparison of resource use and cost in direct access versus physician referral episodes of physical therapy *Phys Ther.* 1997;77:10-18

(For a list of additional citations, please email info@health-connections.us and state your specific request.)



HCE Approved Providers / Centers of Excellence

Exceptional and efficient clinical results are at the cornerstone of HCE’s programs. To this end, HCE has developed standards that must be achieved to be an “**Approved HCE Provider**” and / or designated as a “**HCE Center of Excellence.**” HCE can either credential an exceptional provider or facility or help them to develop and implement a pathway that will lead them to HCE “approved” or “Center of Excellence” status.

To be credentialed as an

Approved HCE Provider, a licensed physical therapist must demonstrate superior clinical knowledge & skills that ensures patient safety, efficient & sustainable outcomes, and excellent educational / communication skills. These physical therapists will typically have advanced knowledge of manual & exercise therapy, as well as, the proper administration of functional testing. Customer service, timely acceptance of referrals and an understanding of the needs of the employer are a must.

For a Facility to be credentialed as an **HCE Center of Excellence**, at least 1/3 of its professional staff must be **HCE Approved Providers**, the facility must perform functional testing according to the HCE protocols, staff from the facility must participate in employer based services outside of the clinic walls (education, ergonomics, consulting, etc.) and the clinical & financial outcomes must meet HCE’s outcome standards.

Find HCE Approved Providers at www.health-connections.us/find_a_PT

Employee News Letters from HCE

Titles and Descriptions of Main Sections

The HCE employee news letter will promote the differences between the current U.S. and the HCE model of musculoskeletal health. The following sections will be used to deliver this message within each newsletter. We will have a revolving cycle of various body regions that will be covered in the newsletters.

How The Body Works...

This section will consist of valuable information about the human body. HCE authors will cover normal aspects of the body as well as common conditions of when the body fails.

Truths / Myths About Exercise...

As the section title implies, this section will be dedicated to information related to exercise. The goal of this section will be to give employees/patients the correct information, so they can achieve their health goals in the most effective, safe and efficient manner possible.

True Stories...

It is always nice to hear about someone else's successes, so we will dedicate this section to actual true success stories. These stories could be about weight loss, exercise goals, ergonomic changes, or economic results from the various HCE programs.

Healthy / Unhealthy Habits...

This section will address both work and home related activities (or lack thereof) that lead to improved or declining health.

For access to current and archived HCE newsletters, please visit our website @ www.health-connections.us/newsletters



What Are People Saying... About HCE!

GREAT! This was some of the most valuable information I have received.....

Employer Member, American Foundry Society

Our relationship originally focused on ergonomics and mitigating the physical demands of the manufacturing, foundry and warehouse positions. The HCE staff have developed strong relationships with the employees by helping them understand "their body at work". We consider the HCE team a "valuable business partner" and a welcome member of our workers compensation and health plan committees.

Mary P, V.P. Human Resources

Excellent presentation of a sensible, sustainable approach to musculoskeletal health—both on the job and off!

Safety & Health Professional