

# Main Motion to the 2024 House of Delegates



**Required for Adoption:** Majority Vote

**Category:** ID-4

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1 **PROPOSED BY: HAWAII**

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3 **RC 1-24 AMEND: PHYSICAL THERAPISTS AS PRIMARY CARE AND ENTRY-POINT**  
4 **PROVIDERS (HOD P06-18-28-22)**

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6 That Physical Therapists as Primary Care and Entry-Point Providers (HOD P06-18-28-22), be amended  
7 by substitution.

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9 **PHYSICAL THERAPISTS AS PRIMARY CARE AND ENTRY-POINT PROVIDERS**

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11 ~~Physical therapists make unique contributions as individuals or members of primary care teams and~~  
12 ~~are entry-point providers into the health care system.~~

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14 ~~Physical therapists provide a broad range of services to optimize movement, including screening,~~  
15 ~~examination, evaluation, diagnosis, prognosis, intervention, coordination of care, prevention, wellness~~  
16 ~~and fitness, and, when indicated, referral to other providers.~~

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18 **PHYSICAL THERAPIST SERVICES IN PRIMARY CARE**

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20 Physical therapists possess clinical expertise in both disease prevention and management of health to  
21 evaluate people and manage common conditions seen in primary care settings.

22  
23 Physical therapists practicing to the full extent of their education and clinical training in primary care  
24 improve the health needs of society.

25  
26 **SS:**

27 **A. What is the expected outcome of this motion? How does it contribute to achieving the Vision?**  
28 **Does it support APTA priorities (as reflected in the current Strategic Plan), and if so, how?**

29 APTA will have a position on Primary Care (PC) which can be effectively used to advocate for our role in  
30 this area of health care and prevention. The current position is too broad and ill-defined to provide readers  
31 with a clear understanding of physical therapist (PT) practice in PC settings, this has resulted in ineffectual  
32 use of the position. A clearly articulated position on PC care will enable the profession to more effectually  
33 advocate for inclusion of, and payment for, PTs in PC. This will expand access to PTs in underserved  
34 areas and improve health with more timely and more frequent PT management. The adopted position will  
35 foster clearer and more robust educational curriculum and professional development of PT students and  
36 PTs in the PC practice area.

1 This motion perfectly aligns with APTA Strategic Plan by addressing the **Goals:** *Elevate the quality of care*  
2 *provided by PTs and PTAs to improve health outcomes for populations, communities, and individuals.*  
3 *Drive demand for and access to physical therapy as a proven pathway to improve the human experience.*  
4 Facilitating the **Outcomes:** *Use of and demand for physical therapist services as a primary entry point of*  
5 *care for consumers will increase. The APTA community will collaborate to reach more consumers, drive*  
6 *demand for physical therapy, and expand the markets and venues that promote the profession.*

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8 **B. How is this motion's subject national in scope or importance?**

9 It clearly defines an area of practice with implications in all jurisdictions. See above.  
10 Five of the top ten reasons for visits (RFV) to primary care are conditions PTs can help manage.<sup>1</sup>

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12 **C. What previous or current activities of the House, Board, or staff address this topic? Who are the**  
13 **stakeholders that might be affected by this motion (internal to APTA as well as relevant groups**  
14 **external to APTA)? Are there any state or federal laws or regulations which also address this topic;**  
15 **if so, what are they?**

16 The House of Delegates first adopted this position in 2002. APTA currently uses this position in advocacy  
17 efforts. The 2022 House of Delegates had an early version of a motion which would have watered down  
18 and subsumed the current position on PC into another position. While the existing position was retained it  
19 became clear the language was not optimally defining PTs in PC settings. The 2023 House of Delegates  
20 postponed indefinitely this motion. Stakeholders are the entire profession, payers, regulators, Congress,  
21 legislatures, DPT programs, residencies and fellowships, and society as a whole.

22  
23 No state or federal laws which directly address this issue have been identified.

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25 **D. Additional Background Information.**

26 Since 2002 APTA has had a position addressing primary care. In 1996 the Institute of Medicine  
27 acknowledged physical therapists (PT) ability to contribute to primary care (PC)<sup>2</sup>. PTs in the US Army have  
28 been practicing PC since 1971<sup>3</sup>. Also, Kaiser Permanente and the Veterans Administration have PTs in  
29 PC roles. There other scattered settings where PTs practice some level of PC. However, overall, in the  
30 ensuing 21 years since APTA adopted a position on PC there has not been widespread advancement of  
31 PTs in PC environments. Most outpatient PTs practice in secondary or tertiary settings. As a result, the  
32 profession is not optimally meeting the needs of society. When individuals are able to access a PT in a PC  
33 setting their time to definitive management can be shorter than care that is delivered in secondary or  
34 tertiary settings. PT care in PC is integrated with the whole PC team which can lead to more effective and  
35 efficient communication and coordination of patient management. Additionally, PTs, particularly in PC, can  
36 often avoid the need for unnecessary diagnostic work up and medications.

37  
38 The reasons for the limited participation of PTs in PC are many. Tens of millions of Americans receive PC  
39 in Federally Qualified Health Centers and Federal Health Clinics. PTs are not identified as providers in  
40 these settings<sup>1</sup>. As a result, it is not economically feasible to provide access to PTs in these settings. Most  
41 outpatient PT care is provided as episodic care. As a result, there is often a lack of long-term therapeutic  
42 relationships with patients to manage their health on an ongoing basis. This is largely due to third party  
43 payment policies and state practice acts which do not permit or pay for care by PTs in the model of PC  
44 and do not allow for the full scope of PT services. Doctor of Physical Therapy education programs typically  
45 do not have robust curriculum of PTs in the PC setting. There is also a shortage of healthcare workers in  
46 rural settings where access to PTs is limited.

47 One barrier to greater involvement of PTs in PC is the existing APTA policy<sup>3</sup> which lacks specificity and  
48 clarity of the value of PTs in PC.

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50 Comments from 2023 debate:

1 NY: To bring motion in 2024 to amend CMS definition of PC. Update due to current legislation introduced  
2 to Congress NY does not feel a move is warranted. See NY post on hub under this motion concept  
3

4 Our Response: We believe adopting our motion will clearly articulate the APTA's position on PC PT  
5 practice which will assist in advocating for Congress and CMS to change language and expand the roles  
6 of PTs in PC. To be most effective APTA has to clearly articulate PTs provide PC prior to asking Congress  
7 and CMS to change language.  
8

9 APTA Federal Section: Feels PC should be defined by specialty practice analysis. Feels HI motion defines  
10 PC practice.  
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12 Our Response: HI motion does not define PC. HI motion states PTs provide PC services which in no way  
13 is, or will be, at odds with any future specialty description of PC practice. HI motion supports the  
14 development of PC specialty.  
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16 OH: Had amendment to add optimize movement, participation, and activity.  
17

18 Our response: Other delegations had also suggested adding Standards of Practice language and other  
19 language from the Guide to Physical Therapist Practice.  
20

21 HI chose to not place further descriptive or limiting language in the motion. APTA has numerous other  
22 documents which describe PT practice and the benefits of patient/client management by PTs. Interested  
23 parties can look to those other documents for additional information. Cross mingling language from other  
24 documents can blunt the effectiveness and dilute the value of a succinct statement. Using language from  
25 other documents will require the position be amended when the primary source position language  
26 changes. Language focusing on movement etc. will be perceived as limiting our value to PC. We should  
27 avoid language which will distract from the goal of increasing the involvement of PTs in providing PC.  
28

29 The position should be a touchstone to only answer the question do PTs provide PC services and add  
30 value? The HI motion if adopted with answer the question with a clear and resounding yes.  
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### 32 **REFERENCES**

- 33 1. PHYSICAL THERAPISTS AS PRIMARY CARE AND ENTRY-POINT PROVIDERS HOD P06-18-28-22
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38 Nov;35(11):699-707. doi: 10.2519/jospt.2005.35.11.699. PMID: 16355912. Accessed 1.28.23
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