



The Top 7 Myths About Physical Therapy

- 1 MYTH: A physician's referral is required to see a physical therapist.**
FACT: You can go directly to a physical therapist without a referral.

Currently, all 50 states and the District of Columbia (DC) allow patients to be evaluated by a physical therapist without a physician's prior referral. In addition, 48 states and DC allow for some form of treatment or intervention without a physician's referral or prescription (Oklahoma and Michigan being the exception.) However, beginning November 1, 2014, patients in Oklahoma can be treated without a physician's referral. On January 1, 2015, patients in Michigan will be able to do so, as well. Some states have restrictions about the treatment a physical therapist can provide without a physician referral. Check out APTA's Direct Access Laws By State at www.apta.org/StateIssues/DirectAccess to see the restrictions in your state.

- 2 MYTH: Physical therapy is painful.**
FACT: Physical therapists work within a patient's pain threshold.

Throughout treatment and healing, physical therapists work within a patient's pain threshold to restore movement and function and maximize healing. Physical therapists also help patients manage their pain in order to help prevent chronic or long-term pain.

- 3 MYTH: Physical therapy is synonymous with "rehabilitation."**
FACT: Physical therapy is a diverse health care practice that effectively prevents injury and pain, and promotes mobility, health, and wellness.

There is a misconception that physical therapists just stretch or strengthen weak muscles after an injury or surgery. In fact, "physical therapy" includes skilled evaluation and diagnosis by a licensed physical therapist, who can often identify problems before they arise and help prevent long-term effects. As experts in restoring and improving motion, physical therapists can help people stay mobile and fit while avoiding injury as they age.



7

PHYSICAL THERAPY MYTHS

The Top 7 Myths About Physical Therapy

4

MYTH: Any health care professional or fitness expert can perform physical therapy.

FACT: Physical therapy should only be performed by a licensed physical therapist.

Physical therapy can take on many forms including manual therapy, aquatic therapy, spinal manipulation¹⁻³, prehabilitative exercise, or rehabilitative restoration of function. Many physical therapists choose to pursue additional board-certified specialization in specific areas of physical therapist practice such as orthopedics, neurology, and women's health.

5

MYTH: Physical therapy isn't covered by insurance.

FACT: Most insurance policies cover some amount of physical therapist services.

Beyond insurance coverage, physical therapy has been proven to reduce costs by helping people avoid unnecessary imaging scans, surgery, or prescription drugs. Physical therapy can also lower costs by helping patients avoid falls or by addressing conditions before they become chronic.

6

MYTH: Surgery is my only option.

FACT: In many cases, physical therapy has been shown to be as effective as surgery.

Increasingly, studies are finding that physical therapy is as beneficial as surgery in the treatment of various conditions ranging from rotator cuff tears and degenerative disk disease, to meniscal tears and moderate knee osteoarthritis, to name a few.

7

MYTH: Physical therapy is something I can do on my own.

FACT: Physical therapy is designed by a licensed physical therapist with specialized education and expertise.

While active patient participation is often key to the success of a physical therapist treatment plan, getting "physical therapy" really means benefitting from the expert care of a licensed physical therapist. Physical therapists use their education and clinical expertise to perform detailed evaluations and determine a diagnosis before creating individualized plans of care.

(Acknowledgements: Joseph Brence, PT, DPT, FAAOMPT, COMT, DAC)

1. Flynn T, Fritz J, Whitman J, et al. A clinical prediction rule for classifying patients with low back pain who demonstrate short-term improvement with spinal manipulation. *Spine (Phila Pa 1976)*. 2002;27(24):2835–2843.
2. Cook CE, Showalter C, Kabbaz V, O'Halloran B. Can a within/between-session change in pain during reassessment predict outcome using a manual therapy intervention in patients with mechanical low back pain? *ManTher*. 2012;17(4):325–329.
3. Kuczynski JJ, Schwieterman B, Columer K, Knupp D, Shaub L, Cook CE. Effectiveness of physical therapist administered spinal manipulation for the treatment of low back pain: a systematic review of the literature. *Int J Sports PhysTher*. 2012;7(6): 647–662.