ORIGINAL CONTRIBUTION

ANALYSIS OF PHYSICIANS' REFERRALS: IS FURTHER DIAGNOSIS NEEDED?

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ABSTRACT

Background. As physical therapy gradually evolves into a more autonomous profession, physicians continue to play a major role in the clinical practice of physical therapists, particularly as a source of patient referral. The analysis of physicians' referrals to physical therapy may be a practical and effective way to study the relationship between physicians and physical therapists.

Objectives. The objective of this study was to identify the primary reasons for physicians' referrals to an outpatient physical therapy clinic and to determine whether further diagnosis by the physical therapist is necessitated prior to treatment.

Methods. Between January 1, 2001 and March 31, 2003, 544 consecutive physicians' referrals were received in a rural physical therapy outpatient clinic. Physicians' specialties, diagnosis on referral (or reason for referral, if diagnosis not provided), and prescribed orders on referral were all reviewed by the authors.

Results. One-third (33%) of the referrals were sent to physical therapy with no medical diagnosis (non-specified referrals – NSRs), and the most common reason for the referral in this NSR category was "pain" (88%). Commonly recommended treatments accompanying the NSRs included: evaluation & treatment (60%) and routine rehabilitation protocol (24%) for the relevant joints.

Conclusion. One-third (33%) of the referrals sent to physical therapy included no medical diagnosis, with the most common reason for the referral listed as "pain." Evaluation and treatment was the most recommended treatment accompanying these non-specific referrals (almost 2/3). Physical therapists cannot properly manage patients based on a physician referred diagnosis of "pain," therefore, it is necessary for physical therapists to make further diagnoses.

Key Words: physical therapy, decision-making, autonomy.

INTRODUCTION

Over 20 years ago, physicians played a dominant role in interaction between the physician and the physical therapist (PT). The PT functioned as a technician in a prescriptive role by following the order from the referring physician.[1] The referring physician assumed the responsibilities and duties of evaluation, diagnosis, and determination of specific therapeutic interventions and modalities.[1] Most physicians perceived the PT as a technician rather than a professional colleague.[2-4] Physicians believed that the PT lacked the most complex criteria of medical professionalism: examination and evaluation skills and autonomy of judgment.[3]

However, the role of physical therapy has been changing rapidly in the past 5 to 10 years. In 2000, the American Physical Therapy Association (APTA) adopted Vision 2020, in which five key areas became the focus of the APTA to make physical therapy a more autonomous profession by the year 2020.[5] These key areas include professionalism, direct access, the doctor of physical therapy degree, evidence-based practice, and the PT as the practitioner of choice.[5] Achieving significant progress in these key areas will prepare and enable PTs to interact with physicians on a more collegial level and less as "subservient followers of orders".[6] Currently, the PT is assuming greater responsibility for initial assessment and management of musculoskeletal conditions.[7-10] Actually, the PT has been functioning as the primary evaluator of neuromusculoskeletal conditions with success in the United States Army since the early 1970s.[1] In reaction to this decades-long history of the PT

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