Embedded PTs: Changing the Face of Physical Therapy

Embedded physical therapists, who treat specific populations on-site, likely will play a large part in the future of physical therapy.

By Michele Wojciechowski

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Retired Lt. Col. Drew Contreras, PT, DPT, says one reason for his successful career is that he does his best to treat every patient the same.

That skill especially helped him not to be starstruck when he served from 2010 to 2017 at the White House as the first embedded PT in its medical unit. In addition to serving as President Barack Obama's PT (a role he still fills for the now ex-president), Contreras treated members of Obama's cabinet, senior White House officials, Secret Service agents, and the entire resident staff — including chefs, groundskeepers, and repair personnel.

"I chose to be the first embedded PT because there was a clear need and — in the interest of the patients — it was better for me to operate out of the facility than to have them leave the White House to come to me," says Contreras.

He sometimes was asked if his being at the White House was truly time and money well-spent. What about his idle time while he wasn't needed?

"I would answer, 'What do you think an hour of these people's time is worth?'" Contreras says. He notes that when high-ranking people must leave the White House, there are scheduling and security concerns — all of which cost time and money. Imagine that happening eight to 10 times a day.

In addition to cost savings and convenience, there's another consideration: "I was a vetted, trusted agent. They knew I wasn't going to run off and tell the Washington Post who I'd treated, or write a book to make money off someone's health care issues."

Contreras says his role was not only professionally rewarding but also professionally stressful.

"It was rewarding because I was practicing at the top of my license and skillset," Contreras says. "I was the one PT there, and a lot of responsibility comes with that. My decisions really impacted people, and if I were to do something wrong there was no other PT there to help."

While he says that a few support staff such as licensed practical nurses and medics were present, for the most part they were doing their jobs at other locations in the White House. "The problem with being an embed is that I didn't have a cohort of colleagues to consult with," Contreras says. He also needed to be a jack-of-all-trades. "I couldn't say, 'I'm the knee guy' or 'I'm the spine guy,'" he points out.

For example, on one occasion a repairman caught his finger in a fan while fixing an air conditioning unit. Although hand therapy isn't Contreras' focus, he had to figure out what needed to be done. But he also knew when to refer a patient to a specialist.

"A mistake that some people make is not knowing their own limits. Saying that you need to get more help for a patient can be very intimidating, because you're basically saying, 'I can't do this.' As an embed, you're making yourself professionally vulnerable, which many people are not comfortable with," he notes. "But if you're clearly there to serve the best interests of those around you, you need to be okay with it."

Practicing at the White House, Contreras says he was always on call — including weekends and holidays. "Some people are fine with that and some aren't. That's a challenge an embedded PT may have to deal with."

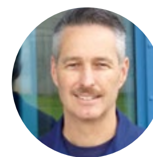
If you work as an embedded PT for famous people such as politicians, athletes, or actors, Contreras says, you need to realize that you're working for them. You're not their friend. "People ask me if I'm friends with President Obama. He's friends with Bruce Springsteen and Tom Hanks. We're friendly. He's polite and nice. We've gotten to know each other . But I'm not inviting him to my home for a barbecue. Don't be weird to them. They have enough weirdness in their lives," Contreras says.

Working in Corrections

Capt. Damien Avery, PT, DPT, has spent a lot of time behind bars in the past 20 years. But it's all because of his work as a PT at the Federal Correctional Complex in Butner, North Carolina, and as a captain in the United States Public Health Service detailed to the Federal Bureau of Prisons.

Avery is an embedded PT assigned to the orthopedic team, which additionally consists of an orthopedic surgeon and two orthopedic physician assistants. "I have privileges as an advanced practice physical therapist, much like our sister-service PTs in the Army, Air Force, and Navy," Avery notes. "I can order imaging and lab testing. I cannot order medications and rely on my PA teammates for help with that. My role," he explains, "is more of an orthopedic surgeon extender, in that I run and schedule clinics, and triage orthopedic consults and patients. I am the primary liaison between orthopedics and the rehabilitation department, which consists of PTs, occupational therapists, and wound care nurses."

The benefits of the prison system having an embedded PT are threefold, Avery says: safety, cost, and continuity of care.



Damien Avery

Stephanie Bream

Drew Contreras

Jason Hause

Mike Kelly

Ivan Matsui

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“Every patient who is seen on-site decreases risk of escape to the community during a trip into town. Also, most inmates require an escort of two correctional officers — sometimes three — which has an inherent cost attached.”

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Capt. Damien Avery, PT, DPT, a member of the U.S. Public Health Service, is detailed to the Federal Bureau of Prisons.

“Every patient who is seen on-site decreases risk of escape to the community during a trip into town. Also, most inmates require an escort of two correctional officers — sometimes three — which has an inherent cost attached. Often, treatment in the community requires multiple town trips for follow-up, which multiplies the cost,” explains Avery. Being inside the prison addresses both issues, allowing for better continuity of care.

One challenge, however, is the potential repurposing of rehabilitation equipment for undesirable uses.

A PT inside the prison system must recognize the practical limitations of this environment. “For example,” he says, “a home traction device, or even an exercise band in some instances, could be used by an inmate-patient as a makeshift ligature. We also have to recognize the risks of prescribing assistive devices or adaptive equipment, and their potential as weapons and objects of abuse. A cane, for instance, can be used as a weapon against another inmate or staff member, and a TENs unit can be used to fabricate a tattoo device. We are very careful to issue equipment based on calculated need and are quick to confiscate items when they are abused.”

Despite these risks, Avery enjoys his practice setting.

“I get a deep sense of satisfaction from problem-solving and helping my patients,” says Avery. “Other health care practitioners welcome and respect my perspective when I acknowledge my role as being complementary to theirs, and express that I’m ready to fully collaborate on achieving an optimal patient outcome.”

Primary Care Team Member

Although Ivan Matsui, PT, is an embedded PT who practices in a health care system, unlike many of the PTs profiled here, he practices in the same exam room alongside the patients’ primary care physicians.

As assistant director of rehabilitation services at Kaiser Permanente Medical Group, Greater Southern Alameda Area, California, Matsui says the biggest reward of working directly with physicians is the mutual respect. “None of us knew what each other did in our own patient exam rooms, so we learned a lot and gained more respect for one another,” he says. That’s not the only benefit, though.

“Patients see us much more quickly,” he adds. Matsui explains that patients get to see a PT immediately while they are visiting their primary care provider. Embedded PTs in the Kaiser system primarily manage musculoskeletal issues for patients of all ages, including those following motor vehicle accidents and those related to low back pain, shoulder limitations, spinal conditions, and knee, hip, and ankle/foot/hand limitations.

If the patient doesn’t need additional physical therapist interventions following the primary care visit, there’s no additional cost, as physical therapy is included within the PCP visit, explains Matsui. He adds that physical therapist evaluations are not conducted during the initial visit — just a determination whether the patient needs to receive physical therapist management.

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The biggest challenge also is part of the greatest reward: being in the room at the same time as the PCP.

"It can be more stressful being there with the PCP, answering their questions and trying to solve patient puzzles," admits Matsui. "But increased access, and improved appropriateness of referrals to specialists and tests are all benefits. Patients may ask if they need X-rays for a problem or an MRI instead of just going straight to a physical therapist. Having the musculoskeletal expert in primary care can help answer those questions in a way that's much more satisfactory to the patient than might be the case if a PT was not present."

"It's more professionally satisfying to practice collaboratively versus separately," Matsui adds. "The primary objective is to obtain better-quality outcomes for patients."

Occupational Health Services

For more than 20 years, Tracy Ervin, PT, MPT, has provided occupational health services to employers in her community. As the owner of the Center for Physical Rehabilitation in Twin Falls, Idaho, Ervin also has been offering much more.

"Four years ago, I developed a total worker wellness program using my existing occupational health programs coupled with population health and on-site OSHA first-aid services," Ervin says. "This allows me to manage the employer's workforce from hire to retire and everything in between."

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>
> **— Tracy Ervin**

Ervin's services to employers are part-time work; she also provides traditional physical therapist services at her clinic.

"With employers, I have arrangements for part-time on-site services in various capacities. Typically, I am on-site one day a week. When on-site, depending on the needs of the worker and employer and depending on contract arrangements, I may provide job coaching, ergonomics, on-site OSHA first aid, or physical therapist treatments. Some employers allow me to evaluate and treat non-work-related injuries, as well," she explains. "The employer pays for my time with no charge to the employee. For employers with wellness centers on-site, we staff them part-time and run corporate employee health

Tracy Ervin, PT, MPT, leads an exercise class at a food manufacturing company.

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and wellness programs based on our medically oriented gym model. We provide personal training, health coaching, group classes, newsletters, help with health fairs, and more."

Ervin recalls that one of the primary employers for her embedded PT services sought her out because her business was in a position to provide a total worker wellness program. "The employer immediately understood the value of managing the health of its worker population and the cost-saving opportunities of providing these services within the company walls. On-site services offer convenience to the employer and the employee, with less disruption to production, the ability to go on the floor with the worker when addressing safe biomechanics in work tasks, and the ability to address ergonomic concerns at the work station," says Ervin. "Having an embedded PT who understands the work tasks and demands in an intimate way due to on-site presence builds trust and buy-in with employees."

Diversification of her services has provided an additional benefit during the COVID-19 pandemic. "Having on-site employer relations and programming provided me with a steady, reliable income stream," she notes. "Many of my employers are food manufacturers and have had to stay open during this time."

Jen Wardynski, PT, DPT, served as the only PT for an entire Army brigade, a unit of about 4,500 people.

In the Army

Army Capt. Jen Wardynski, PT, DPT, practiced as an embedded PT for a traditional combat infantry brigade at Fort Campbell, Kentucky. At the time, she was the only PT for an entire brigade, a unit of about 4,500 people. She jokes that she would cross her fingers that all 4,500 wouldn't suddenly have musculoskeletal problems at the same time.

"Sometimes it felt like they did," she admits, "so you have to get pretty good at triage." Wardynski is now chief of sports medicine at the Joint Special Operations Command at Fort Bragg, North Carolina.

She explains that being an embedded PT for a brigade is considered a key developmental position. "Civilian clinical PTs are subject to mandates for how many patients they see in a day, how many are evals versus treatments, or how long they can spend with each patient. If you're embedded in the Army, there are no requirements," says Wardynski. "The job is whatever you make of it. So, you could teach classes all day. You could see patients all day. You could do some combination. You do whatever you think is going to be the best way to address all the needs of that unit."

Wardynski says she loved the autonomy of being able to identify issues she saw within her unit and make corresponding plans or responses. "Whatever

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trends you're seeing, you can affect them at the onset without having to go through a lot of the bureaucratic channels that you normally would in other settings," she says.

In the Hospital

When Mike Kelly, PT, DPT, a staff physical therapist at York Hospital in Pennsylvania, heard that the institution was developing an embedded model in the emergency department, he wanted in. He says that while he loves the outpatient orthopedic side of physical therapy, he also likes acute care.

"Practicing as an embedded PT in the ED is the perfect combination of both worlds," Kelly states. He's been part of the ED since the program started. He sees patients who arrive as a result of falls, vestibular issues, lower back pain, and other orthopedic issues, and he manages the discharge disposition for the patients.

Kelly has seen positive results. Previously, patients with positional vertigo may have been prescribed medication and then sent home. But emergency department PTs have connected them with outpatient care so they can regain their ability to function by dealing with the cause of the vertigo.

Sometimes the PTs' presence has an even greater impact. "In one case, a PT was consulted for a patient with vertigo, and something just didn't make sense. The PT talked with the physician and recommended imaging. It turned out that the patient actually had had a posterior stroke," Kelly says. "He's doing well now. But if we weren't there," Kelly wonders, "what could have happened?"

How a PT becomes embedded sometimes comes down to suggesting it to the boss. About five years ago, Jason F. Hause, PT, DPT, developed a proposal for the leadership at WellSpan Rehab Services-York Hospital. He suggested that a PT be embedded in the neurosurgery department.

"I noticed that many of these patients were bypassing physical therapy and having surgical conversations prior to exhausting all conservative measures," he recounts. "Having an embedded PT, I noted, would allow us to intervene sooner in their care; PTs could provide evaluation and treatment on the same day as the neurosurgical consultation."

The hospital's leadership agreed, and for the last five years Hause has been the sole embedded PT in neurosurgery. The result: Patients are receiving team-coordinated care. And Hause says there is another benefit to practicing as an embedded PT: He earns additional respect and trust from physicians and other medical providers. They come to him for consults and recommendations, resulting in improved patient care.

"It has strengthened the relationship between physical therapy and neurosurgery. We've seen increased utilization of physical therapist services since I've been an embedded PT," Hause says. "Just the education of what physical therapists do and how we can help neurosurgery patients — both nonoperative and post-op — has made a significant difference. Referrals to our outpatient sites have almost tripled."

Since he's the only physical therapist in neurosurgery, if he can't meet the needs of a patient, he can refer them to the system's outpatient sites, just as the embedded PT in the ED does. "We make sure that patients get to the right provider at the right

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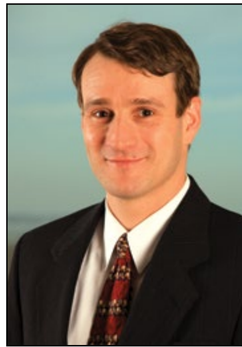

Brian J. Markovitz

Labor & Employment

Whistleblower

(False Claims Act, Qui Tam)

The government is cracking down on RUG rate and PDPM fraud. Brian J. Markovitz, attorney at Joseph Greenwald & Laake, recently helped the federal government recover over $9.7 million in a settlement of a False Claims Act case where his occupational therapist client received an award of over $1.9 million for reporting improper RUG rate billing. If you are being pressured to bill therapy services that were not performed or that are incorrect, don't be on the wrong side of the law.

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time and that they receive the right care based on their needs," Hause says.

Stephanie L. Bream, PT, MSPT, recalls an issue a few years ago at York Hospital. Bream, the manager of inpatient rehab services at WellSpan Rehab Services-York Hospital, says PTs were being called "at the last second" for patients in the emergency department. While they sometimes could reach patients within the severely restricted time frame, many times they couldn't.

"We asked ourselves, 'How do we connect the patients who are potentially at high risk for return to the ED or readmission to the hospital into appropriate community-level settings?'" Bream says. "How do we get the patient who comes to the ED for low back pain or an orthopedic-type injury connected to our community setting?"

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— Stephanie L. Bream

If a PT were permanently assigned to the ED, Bream says, that individual could give a proper diagnosis, help progress patients into an outpatient physical therapy setting, and avoid readmissions to the hospital.

Today, eight specially trained PTs are part of a rotating team in the ED. The changes that have resulted are phenomenal, Bream says. For example, in the most recent fiscal year, the team has saved an average of eight patients a month from being admitted to the hospital or for overnight observation.

"These patients often come to the ED after a fall or have some ambulatory limitation," Bream says. "There's no medical reason for them to be admitted to the hospital or an overnight stay for observation. But they're scared [that something might be wrong]. The PT develops a game plan that may include linking to one of our outpatient sites or home health care. It's impactful to the patients and the families.

"With our embedded PTs in the ED program, we are able to connect ED patients to our 10 outpatient clinics in the York County area," she says. "The patient receives the evaluation in the ED and then is scheduled by the ED PT for a session in our outpatient clinics. They've already been evaluated, so they can get right to treatment. We are reducing the amount of time that they're waiting to get into a clinic."

While patient care considerations are the highest priority, the new policy also has affected the bottom line. Having PTs in the ED has resulted in cost savings of approximately $20,000 per month, according to Bream.

Benefit to the Profession

These accounts might make apparent how embedded PTs can benefit patients and employers. But what benefits, if any, flow through to PTs who practice in more traditional settings?

Avery responds with two: "First, the full potential of physical therapist practice to improve community health has not been fully recognized," he notes, "and embedded PTs demonstrate the real-time benefits of a taking a broader perspective on PT utility. The timing eventually will be right for stakeholders to advance the transformation of traditional PT practice.

"Second," Avery says, "while traditional physical therapist practice can be very fulfilling, there is a sense in which PTs recognize a culture of limitation on their skillsets. Embedded PTs demonstrate that broader and deeper practice principles can fuel passion, stimulate a lifelong learner mindset, and prevent burnout."

Kelly agrees.

"When I think of embedded PTs, I think of practicing at the top of your license," he says. "In the ED, I work with so many other practitioners that it's also the ideal description of interdisciplinary care and collaboration."

Contreras says that all PTs benefit from the work of their embedded peers because "our practice helps define the role we fill as practitioners. As embedded PTs, we function at the absolute top of our skillset, which shows where the line is and how much we can do. That will help shape and define our top role in the health care field."

Shaping the Future

Embedded PTs also are influencing and helping to shape the future of the field. "There is a general trend toward advanced-level practitioners such

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as physician assistants and nurse practitioners filling the physician shortage gap," Avery notes. "With the physical therapist skillset uniquely suited toward neuromusculoskeletal screening, treatment, and progression of function, we're also the natural choice to serve as extenders to facilitate function. The Army, Navy, and Air Force have long recognized this attribute inherent in a well-trained physical therapist."

Ervin says "The future of physical therapy will revolve around PTs as primary care providers, both within our community and to our employers. We should be doing this by providing what's considered 'traditional' care as well as customized and supervised programs that provide fitness, nutrition, education, and guidance to bridge the gap between medicine and fitness — reducing health risks and health care costs through risk-reduction programming."

The Army already is looking to the future. Wardynski says it is seeking to create 200 additional embedded positions for PTs. "They're also starting to hire more embedded PTs into positions that actually work with basic training units," she says.

"We are going to have to continue to find new and inventive ways to meet patients and providers at the point of service as a trusted partner in health care. We need to capitalize on what we can offer them,"

"As embedded PTs, we function at the absolute top of our skillset, which shows where the line is and how much we can do. That will help shape and define our top role in the health care field."

— **Drew Contreras**

Bream says. "Embedding is an amazing opportunity for PTs to demonstrate their skills at the top of their license and offer optimal patient outcomes in all the spaces where they're needed."

Michele Wojciechowski is a freelance writer based in Maryland and a frequent contributor to APTA Magazine.

(The views expressed by Damien Avery are his own and do not necessarily represent views of the United States Public Health Service or the Federal Bureau of Corrections.)

Drew Contreras, accompanied by his wife Roseann, is promoted by President Barack Obama to the rank of lieutenant colonel.

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