Choosing Wisely® Campaign
Talking Points

Choosing Wisely Campaign Messages:

The Choosing Wisely campaign brings together health care providers to identify specific tests, procedures or medications that are common—but often may not be necessary.

- APTA has partnered with the American Board of Internal Medicine (ABIM) Foundation’s Choosing Wisely® campaign to provide specific, evidence-based recommendations that encourage both patients and physical therapists to make wise decisions about the most appropriate care.
- APTA is the first non-physician group to release a list of 5 tests and/or procedures physical therapists and patients should question, joining more than 100 national, regional and state medical specialty societies, health care provider groups, regional health collaboratives, and consumer partners.
- The goal of Choosing Wisely is to promote conversations between health care providers and patients about utilizing the most appropriate tests and treatments, and avoiding care whose harm may outweigh the benefits.

Evidence shows much of the care delivered in America is duplicative or unnecessary.

- According to a report from the Institute of Medicine, up to 30 percent of health care spending is duplicative or unnecessary.¹
- Evidence shows that certain tests, procedures, doctor visits, hospital stays and other services may not be necessary and could cause harm.
- When health care resources are wasted, it threatens our nation’s ability to deliver the highest quality of care possible to all patients.

Choosing Wisely is leading a national conversation about doing the right thing at the right time for the right patient, and avoiding unnecessary care.

- More money is spent per capita on health care in the U.S. than in any other developed country and health care spending will account for 19.8 percent of the nation’s gross domestic product by 2020 if current spending trends remain unchanged.²

¹ http://www.nap.edu/catalog.php?record_id=13444
APTA Messages:

APTA has identified five procedures that physical therapists and patients should question.

- APTA developed its list after careful consideration of the latest evidence, expert opinions and research.
- APTA invited its more than 88,000 members to submit items for inclusion in the list. To review, rank, and establish a group of finalists, APTA convened an expert workgroup of physical therapists, representing a broad range of clinical expertise, practice settings, and patient populations. A modified Delphi technique was used to rank and prioritize the recommendations based upon the Choosing Wisely criteria. An extensive literature search was conducted on the highest ranked submissions. The expert panel reviewed the literature and provided a ranking of recommendations based upon the established criteria. The final 5 recommendations were selected through a survey open to all APTA members who had been asked to select 5 items from a list of 9 (all meeting the established criteria). The final list was presented to and approved by the APTA’s Board of Directors.
- APTA’s Choosing Wisely recommendations are not intended to dictate care decisions. They are evidence based recommendations intended to encourage conversations between physical therapists and their patients about care that is likely to achieve the best outcomes. Decisions about care should be made based upon the best available evidence, the clinical judgment of the physical therapist, and the preferences and goals of the patient.
- APTA’s Choosing Wisely recommendations are not intended to influence payment decisions. They are part of a larger campaign that is focused on reducing waste in health care and that has involved the efforts of over 60 medical professional organizations and consumer groups.

APTA is proud to be a partner with the ABIM Foundation in Choosing Wisely.

- APTA is committed to taking the lead in promoting transparency and education of patients and health care providers for a better, more streamlined health care system.
- In addition to being a part of Choosing Wisely, APTA has also launched its Integrity in Practice campaign – a comprehensive, multi-year initiative to position the profession as a leader and partner in the effort to eliminate fraud, abuse, and waste from health care and further strengthen the reputation of the physical therapy profession.
- Care that is in the best interest of the patient has always been a top priority for APTA and its members.
- Visit www.moveforwardpt.com to find more information about APTA’s Choosing Wisely list and to find a physical therapist in your area.

Physical Therapy Profession Messages:

Physical therapists are highly educated health care professionals who can help you improve or restore mobility and quality of life without surgery or long-term use of prescription medication, in many cases.

- Physical therapists significantly improve individuals’ mobility to perform daily activities.
- Physical therapists help individuals manage or eliminate pain, in many cases without long-term use of prescription medication and exposure to its side effects.
• Physical therapists may provide an alternative to painful and expensive surgery, in many cases.
• Physical therapists apply research and proven treatments to help reduce pain and restore movement after injury, illness, or surgery; prevent injury; and achieve fitness, health, and wellness.
• Studies indicate that early and appropriate access to physical therapy results in significant cost savings for employers, insurers, and patients.
• Currently, 49 states and the District of Columbia (DC) allow physical therapists to evaluate patients and provide some level of treatment without a physician's prior referral.
• Today, the majority of graduating physical therapists receive clinical doctorate degrees (DPT degrees). By 2017 all physical therapists will graduate with doctorate degrees.

APTA Recommendation Messages:

Recommendation 1: Don’t employ passive physical agents except when necessary to facilitate participation in an active treatment program.

• A carefully designed active treatment plan has a greater impact on pain, mobility, function and quality of life.
• There is limited evidence that passive physical agents result in clinically important outcomes for musculoskeletal conditions.
• Passive physical agents include treatments such as heat, ice, and ultrasound.
• The use of passive physical agents is not harmful to patients except when they communicate to patients that passive, instead of active, treatment is appropriate. This may exacerbate fears and anxiety that many patients have about being physically active when in pain. This can prolong recovery and lead to poor outcomes.
• Poor outcomes in musculoskeletal care can result in an increase in more invasive and costly interventions such as injections or surgery.

Recommendation 2: Don’t prescribe under-dosed strength training programs for older adults. Instead, match the frequency, intensity and duration of exercise to the individual’s abilities and goals.

• Improved strength in older adults is associated with improved health, quality of life, and functional capacity.
• Improved strength in older adults is associated with a reduced risk of falls.
• Older adults are often prescribed low dose exercise and physical activity that are inadequate to increase muscle strength.
• PTs need to establish baseline levels of strength before prescribing a strength training program.
• This will also help PTs progress the strength training program for maximum benefit.
• A carefully developed and individualized strength training program may have significant health benefits for older adults.

Recommendation 3: Don’t recommend bed rest following diagnosis of acute deep vein thrombosis after the initiation of anti-coagulation therapy, unless significant medical concerns are present.
• Patients can be harmed by prolonged bed rest that is not medically necessary.
• There is lack of evidence indicating harmful effects of ambulation and activity following diagnosis of DVT—providing anticoagulation goals have been met.
• There are clinical benefits to ambulation and activity for these patients, provided anticoagulation goals have been met.

**Recommendation 4: Don’t use continuous passive motion machines for the postoperative management of patients following uncomplicated total knee replacement.**

• CPM treatment does not lead to clinically important effects for patients following uncomplicated total knee replacement. It does not improve short or long term knee extension, long term knee flexion, long term function, pain or quality of life.
• Evidence support rehabilitation protocols that include early mobilization.
• The cost, inconvenience, and risk of prolonged bed rest with CPM should be weighed carefully against its limited benefit.
• As members of inter-professional teams involved in post-op rehabilitation of patients following TKR, PTs have a responsibility to advocate for effective alternative to CPM for most patients.

**Recommendation 5: Don’t use whirlpools for wound management**

• Using whirlpools to treat wounds predisposes the patient to risk of bacterial infection, damage to fragile tissue for high turbine forces, and complications of swelling in limbs when they are treated in warm water in dependent positions.
• Other, more selective forms of hydrotherapy should be utilized such as directed wound irrigation or pulsed lavage with suction.