

MEDIA RELEASE

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Trial studies effectiveness of direct-access physiotherapy to help manage patients with musculoskeletal disorders in the ED

Des Plaines, IL – Patients presenting with a musculoskeletal disorder (MSKD) to the emergency department (ED) with direct access to a physical therapist had better clinical outcomes and used less services and resources than those in the usual care group and up to three months after discharge. This is the conclusion of a study titled Direct access physiotherapy to help manage patients with musculoskeletal disorders in an emergency department: results of a randomized controlled trial, to be published in the August issue of Academic Emergency Medicine (AEM), a peer-reviewed journal of the Society for Academic Emergency Medicine (SAEM).

Direct access physiotherapy for ED MSK disorders 18-80 y at ED with minor MSK disorder (triage 3-5) Excl: emergent need (eg open fracture), red flag (eg infectious symptoms), concomitant unstable condition, long-term care facility			
Physiotherapy n=40 PT consult/exam/recommendations in ED before ME	O consult		Jsual care n=38 MD; outpatient PT possible
Mean 1.8 +/- 2.4	Pain at 1 month	Mean 3.7 +/- 2.9	<i>5555</i>
Mean 0.9 +/- 1.8	Pain at 3 months	Mean 2.6 +/- 2.7	<i>777</i>
Mean 1.6 +/- 2.1	Pain interference with function 1 month	Mean 3.0 +/- 2.3	
Mean 0.7 +/- 1.4	Pain interference with function 3 months	Mean 1.8 +/- 2.0	
Gagnon 2021 doi 10.1111/acem.14237 Numeric pain rating scale and Brief Pain Inventory, both 0-10			

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The <u>randomized controlled trial</u> also found that direct-access physical therapy in the ED for patients presenting with a MSKD is associated with greater improvements in pain intensity and pain interference and less use of several services and resources at certain time points, such as ED return visits, imaging tests, and prescription medication (including opioids).

The authors suggest that further multicenter trials are needed to confirm these findings and should include an economic analysis to ascertain if direct-access physiotherapy in the ED setting is cost-effective.

The lead author of the study is Rose Gagnon, MPT, MSc, of the Center for Interdisciplinary Research in Rehabilitation and Social Integration (CIRRIS) and the departments of

rehabilitation, medicine and radiology and nuclear medicine at the Université Laval, both in Quebec. Canada.

Details and results of the study are discussed with Dr. Gagnon in a recent AEM podcast.

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ABOUT ACADEMIC EMERGENCY MEDICINE

Academic Emergency Medicine, the monthly journal of Society for Academic Emergency Medicine, features the best in peer-reviewed, cutting-edge original research relevant to the practice and investigation of emergency care. The above study is published open access and can be downloaded by following the <u>DOI link: 10.1111/acem.14237</u>. Journalists wishing to interview the authors may contact Tami Craig at tcraig@saem.org.

ABOUT THE SOCIETY FOR ACADEMIC EMERGENCY MEDICINE

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The study was approved by the Research Ethics Committee of the CHU de Québec-Université Laval #MP-20-2019-4307 and registered at the U.S. National Institutes of Health #NCT04009369.

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