

Routine Abdominal Examination: A Necessary Step for Primary Care Physical Therapists

Donald L. Hoover* and William R. VanWye

Doctor of Physical Therapy Program, Western Kentucky University, Bowling Green, USA

*Corresponding author: Hoover DL, Doctor of Physical Therapy Program, Western Kentucky University, Bowling Green, USA, Tel: 270-745-4378; E-mail: don.hoover@wku.edu

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Editorial

The role of physical therapists as primary care providers continues to evolve. Consumer direct access to physical therapists is available throughout the United States [1], and Doctor of Physical Therapy (DPT) curricula since their inception have provided educational preparedness for DPT graduates to evaluate individuals who present for care without referral from another provider. Physical therapists have long been competent musculoskeletal providers who provide safe and effective care. However, the role of physical therapists as primary care providers requires the acquisition of new skills and continual refinement of those clinical skills already present.

It is important to note that primary care provider is not the same as direct access to physical therapist care, as there are subtle but important distinctions between these clinically-related concepts. Direct access – or self-referral – is the statutory right of an individual to access a physical therapist's services without first obtaining a referral from a gatekeeper, usually a physician. In contrast, primary care is a delivery model in which the patient's health care needs are identified and managed, perhaps even on a long-term basis. The American Physical Therapy Association defines the role of a physical therapist in primary care as a provider who performs *screening examination, evaluation, diagnosis, prognosis, intervention, education, prevention, coordination of care, and referral to other providers to prevent, remediate, decrease, or slow the progression of impairments, activity limitations, and participation restrictions, and lessen the impact of environmental barriers, and optimize cost-effective clinical outcome* [2]. Therefore,

