A literature review of several databases:

**Inclusion Criteria:**
- A search of Pubmed (PubMed) database was performed using the search terms “Direct Access Physical Therapy and Case Studies”.

We discovered 51 direct access physical therapy case studies which were organized into the referral category of our review. 4 evaluators reviewed the 51 articles and completed data sheets which were entered into excel.

**Methods**

Authors hand-searched all existing articles from 5 journals and performed a literature review of the Pubmed database with the search terms “Direct Access Physical Therapy and Case Studies”.

We discovered 51 direct access physical therapy case studies which were organized into the referral category of our review. 4 evaluators reviewed the 51 articles and completed data sheets which were entered into excel format for interpretation and analysis.

**Results**

**Direct Access Characteristics**
- 51 patients referred with a mean age 26.1 years (41 male; 10 female)
- The patients’ primary presenting symptoms included:
  - Pain (n = 49)
  - Weakness (n = 3)
  - Tingling/numbness (n = 5)
  - Other specified symptoms (n = 14)

**Referral**
- Reason for referrals secondary to red flags: 34 cases
- Inconsistently musculoskeletal findings: 8
- Recent worsening: 5
- Unusual symptoms: 5
- Inadequate response to treatment: 4
- Other: 26

**Onset of symptoms:**
- Insidious: 14
- Traumatic: 32
- Repetitive overuse: 5

**Reason for referrals**
- Fatigue, discomfort, unable to bear weight, locking, swelling, stiffness
- Onset of symptoms: unable to bear weight, trauma, symptoms of possible DVT, paresthesia, vascular sx, concerns of fx

**Imaging**
- MD ordered imaging: 22 out of 51 (43.1%)
- Physical Therapist ordered imaging: 28 out of 51 (54.9%)

**Most prevalent chief complaints**
- Numbness (n = 23)
- Weakness (n = 14)
- Pain (n = 13)
- Edema/bruising (n = 10)

**Total**
- Numbness: 23
- Weakness: 14
- Pain: 13
- Edema/bruising: 10

**Referral to physicians**
- Patient referrals to a physician occurred at the initial physical therapy session in 40 of the 51 cases (78%)

**Resulting diagnoses**
- Resultant diagnoses included:
  - Musculoskeletal disorders (n = 4; traumatic fractures and other musculoskeletal disorders most common)
  - Visceral disorders (n = 4 vascular and pulmonary involvement most common)
  - Medication-related disorders (n = 1)

**Physical Therapy Direct Access Imaging**
- Physical Therapist ordered imaging: 28 out of 51 (54.9%)
- MD ordered imaging: 22 out of 51 (43.1%)
- Imaging not ordered in 3 cases

**Military case (n=27) 52.9%**
- Non-Military cases (n=24) 47.1%

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**Clinical Relevance**

This review provides a base/representation of the patient profile a physical therapist must be responsible for in a direct access capacity. The privilege of direct access requires that we as physical therapists are competent in significant areas of our professional practice and that we take responsibility for timely management of appropriate referrals to be the best advocate for our patients.

**Conclusions**

This review opens up consideration for where we should focus our resources and efforts as clinicians in order to improve certain aspects of examination and care to make an appropriate determination of referral based on timing, presentation, and chief complaints. The current evidence suggests that appropriate use of modalities and imaging could enhance the role that a physical therapist may play in timely referral of patients. We must continue to support and cultivate the concept of increased direct access responsibility of physical therapists in the healthcare system.

**References**

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