
COMMENTARY & PERSPECTIVE

Are We Wasting Money on Rehabilitation for Patients Receiving Workers' Compensation?

Commentary on an article by John Di Paola, MD: "Disability, Impairment, and Physical Therapy Utilization After Arthroscopic Partial Meniscectomy in Patients Receiving Workers' Compensation"

Mark R. Hutchinson, MD

In clinical orthopaedic practice, patients receiving Workers' Compensation have always presented a unique challenge. It is important to understand the patient's work demands, the ability of the employer to modify work requirements on the patient's return to employment, and the motivation of the patient to return to work. A delayed return to work, poorer subjective outcomes, and increased use of physical therapy services with their associated expenses have been reported in a variety of orthopaedic procedures, including partial meniscectomy. Di Paola, in his article "Disability, Impairment, and Physical Therapy Utilization After Arthroscopic Partial Meniscectomy in Patients Receiving Workers' Compensation," attacked this problem with an innovative approach in which patients were given a kit containing exercise equipment and a booklet illustrating twenty-five exercises and a very strict number of physical therapy visits.

This study included a control group of patients who were managed with a more traditional open-ended physical therapy program after surgery. In the control group, therapy was continued on the basis of physical therapists' recommendations of progress, which, in turn, were influenced by patient feedback. In the study group, additional therapy visits beyond the initial prescription necessitated a restricted additional number of visits guided carefully by the physician. Ultimately, Di Paola demonstrated that his protocol could reduce the number of physical therapy visits without a concurrent negative effect on impairment, time to return to work, or long-term disability rates.

With the increased costs of health care to our society, we need to find every opportunity to become more efficient with our health-care dollars. Occasionally, we will have to make very difficult decisions regarding when and if to spend money on very expensive treatments. Fortunately, when the opportunity to save money with no apparent ill effect on the impairment or disability of the patient presents itself, we need to jump at the chance. Di Paola has shown us that using restrictive therapy guidelines with an associated home exercise program can reduce the health-care costs for patients undergoing arthroscopic partial meniscectomy with no concern regarding impairment or disability. It must be acknowledged that the exact protocol may not be the only pathway to accomplish this goal; nonetheless, it should alert each of us that making the effort will decrease health-care costs with no clear hazard to the patient.

Mark R. Hutchinson, MD*
University of Illinois at Chicago,
Chicago, Illinois

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