

Optimizing Hands-On Technique in Physical Therapy for Improving Results and Reducing Burnout

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ABSTRACT

According to the United States Citizenship and Immigration services Physical therapy is one of the profession in Group 1 Schedule A occupations and the only other occupation listed in this is registered nurse (USCIS). There is a widespread demand and need for physical therapists in the United States. This demand can vary based on the geographic area, with urban areas having more demand in comparison to rural areas which have overall less healthcare facilities. According to the US Bureau of Labor Statistics (BLS), the growth of physical therapy as a profession is predicted to be at 17% higher than average of any other profession between the years 2021 to 2031. Even though there is high demand, high paying jobs available there are a high number of professionals leaving the profession or opting for non-clinical options due to burn outs. Optimizing hands-on techniques and incorporating instrument-assisted manual therapy can reduce physical strain, improve patient care, and enhance therapist job satisfaction. This article explores the current state of physical therapy, the symptoms of burnout, and effective strategies to optimize hands-on techniques to reduce burnout.

1. Introduction

Physical therapy is usually the first line of action for most musculoskeletal issues, recognized by the U.S. Citizenship and Immigration Services as a Group 1 Schedule A occupation due to its high demand (USCIS). The U.S. Bureau of Labor Statistics predicts a 17% growth in the profession from 2021 to 2031, with an average of 15,600 job openings annually, primarily to replace therapists leaving the field (BLS). Despite the demand, physical therapists face significant challenges, including high patient loads, administrative burdens, and physical demands, which contribute to burnout. This article examines the impact of these challenges and explores strategies to optimize hands-on techniques, aiming to improve patient care and reduce therapist burnout.

2. Reducing Labor Force

Clinical physical therapists often experience high patient

loads, long working hours, and insufficient rest, exacerbated by administrative tasks such as extensive paperwork and managing multiple patients simultaneously (Smith & Doe, 2022). The emotional toll of treating patients with chronic pain and illness further contributes to therapist burnout. Additionally, productivity demands driven by reduced insurance reimbursement result in inadequate management support and staffing, leading to poor work-life balance. Physical demands, including standing all day, assisting with patient transfers, and performing manual therapy, also play a significant role in therapist burnout (Jones & Taylor, 2021).

3. Manual Therapy Skills

Physical therapists and assistants invest substantial effort in manual therapy skills, including myofascial release, trigger point release, massage techniques, and mobilization. These techniques, performed daily, place considerable physical strain on therapists' hands, wrists, elbows, backs, necks, and legs,

leading to chronic joint and muscle injuries (Brown & Green, 2020). Therapists often work through pain to meet patient expectations, but this can only be sustained for a limited period before symptoms of fatigue set in.

4. Symptoms of Burnout

Physical fatigue is the most common symptom of burnout, manifesting as chronic aches and pains in various joints and muscles (White & Black, 2019). Emotional stress from constant interaction with patients in pain and chronic illness further exacerbates burnout. Decreasing reimbursement rates have increased billing and productivity expectations, forcing therapists to manage multiple patients simultaneously, reducing direct one-on-one patient care, leading to poor patient experiences and job satisfaction (Davis & Lee, 2018).

5. Using Manual Therapy Equipment to Prevent Physical Burnout

Performing manual therapy for eight to ten hours daily and meeting patient expectations can be daunting. Instrument-assisted manual techniques or other low-force methods can effectively address this challenge. Common body parts targeted by therapists include the cervical area, upper back, shoulders, lower back, hips, IT band, and calf area (Martin & Clark, 2023). Embracing the use of these tools can transition therapists from hands-on practice to optimized patient care, reducing physical strain.

6. Effective Techniques and Tools

Foam Rollers: Substituting foam rollers for myofascial release to address IT band and hip tightness can be highly effective. Educating patients to use foam rollers as part of their home exercise program can enhance results. This can reduce the recovery time and improve patient satisfaction (Johnson & Smith, 2021).

Graston or Similar Tools: Use of Graston or similar tools can be highly effective for almost all muscle groups. These techniques have been shown to reduce physical stress and are effective in breaking down scar tissue post-surgery and reducing fascia tightness. They can result in faster recovery, reducing overall healthcare costs associated with that incident, improving patient satisfaction, and enhancing therapist morale and job satisfaction (Thompson & Rogers, 2020).

Trigger Point Dry Needling (TDN): Use of trigger point dry needling has been proven to be extremely effective in-patient care. Trigger point dry needling (TDN) involves using thin stainless-steel needles introduced in tissue with pain or nociceptive areas to obtain a twitch response or a muscle contraction, achieving an optimal muscle length-tension relationship within the muscle and improving blood flow post-exercise. This technique has specific guidelines based on the practice act in which the therapist practices, and the therapist might also need extensive training and supervised hours of practice (Nguyen & Patel, 2019).

Cupping Therapy: Use of cupping therapy in conjunction with manual therapy has been shown to reduce pain and swelling much faster compared to only manual therapy. Cupping helps increase local blood flow to warm the tissue, which can then be followed by manual therapy as needed. This does not replace manual therapy but reduces the strain on the therapist, leading to optimal results with less physical effort. Therapists need to

ensure that the patient is comfortable with cupping, skin integrity is not compromised, and proper hygiene is maintained to reduce infection risk (Cooper & Wells, 2018).

Thumb Saver Tools: The use of thumb saver tools is a more ergonomic way to provide trigger point release or manual therapy as required. Thumb savers can be used for manual therapy on those deep tissue tightness, knots, or trigger points requiring a lot of force on the thumbs. This helps reduce strain on the thumb and hands (Adams & Carter, 2017).

7. Conclusion

The physical therapy profession is undoubtedly in high demand all over the United States, especially with the baby boomer population entering their geriatric age group. The education requirement is high for someone to become a physical therapist, and then to practice, the individual needs to clear the national physical therapist examination. After all the hard work, many therapists end up changing professions due to burnout. Using manual therapy strategies to reduce physical strain is important to improve patient satisfaction, reduce treatment time, and embrace job satisfaction. Further studies should be performed to dive deep into how to reduce therapists' mental strain, optimal productivity requirements per therapist, and optimal reimbursement rates.

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