ED PT Practice: Foundations for Emergency Department Care

Rebekah Griffith, PT, DPT, NCS, FAAOMPT

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Learning Objectives

- **Distinguish** emergency department physical therapy (ED PT) from traditional outpatient and acute care models
- **Examine** key structural and cultural elements of the emergency department that impact therapy service delivery
- **Relate** the role of physical therapists to interdisciplinary team dynamics within the ED environment
- **Interpret** emergency department metrics to identify opportunities for therapy integration

Chapter 1

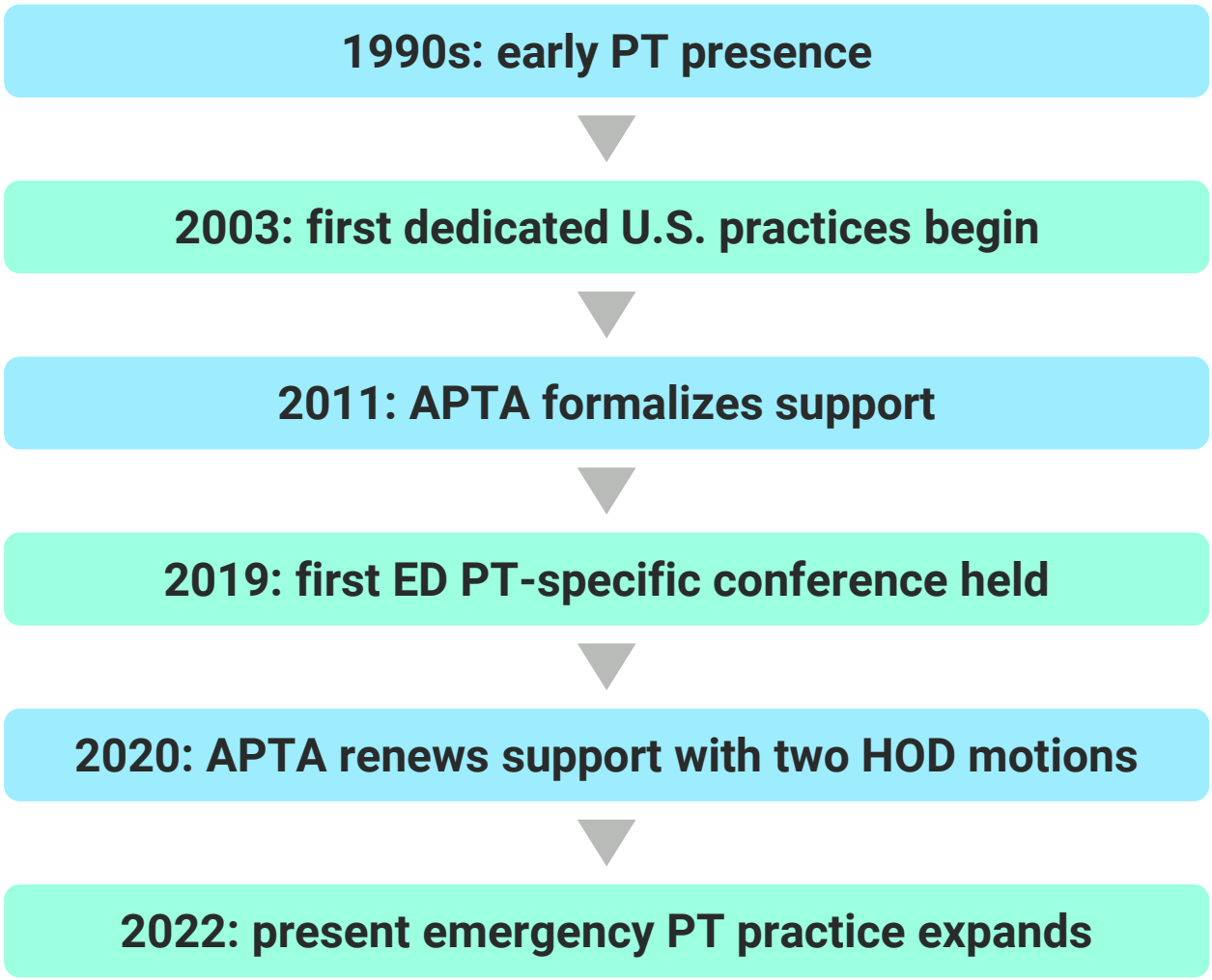
From Concept to Clinical: The Evolution of ED PT

Quote

There is no such thing as a physical therapy emergency, but there should be physical therapists in emergencies

— Dr. Megan Mitchell, PT, DPT, MPH

History of ED PT Practice



1. Griffith, 2023
2. Hanelt, 2025
3. Bethel, 2005

Emergency PT (EPT) Practice

- **APTA supports EPT services**
  - Hospital-based/freestanding EDs, urgent care clinics
  - Athletic events
  - Emergency medical response (EMR) vehicles
  - Disaster sites
  - Wilderness
  - Combat
- **Focus on reducing barriers and advancing the plan of care**

APTA, 2020

What's the Difference?

Acute Care PT

ED PT

Quote

Many times the ED PT can be highly influential in establishing a diagnosis and implementation of a treatment plan that can be rendered immediately

— Kyle Strickland, PT, DPT

Hanelt, 2025

Current State

- APTA Magazine: https://www.apta.org/apta-magazine/2025/06/01/a_critical_addition_embedding_pts_into_emergency_departments

Hanelt, 2025

Chapter Summary

- ED PT is a distinct practice model rooted in real-time evaluation, triage, and treatment within the emergency care setting
- It differs significantly from outpatient and traditional acute care in pace, autonomy, and patient acuity
- Support for ED PT exists from the APTA and international models, reflecting its emerging value in modern health systems
- Emergency department PT is one type of EPT practice and is the focus of this course

Chapter 2

Understanding the Emergency Department Ecosystem

Recent Trends in EDs

- **Decreased nationwide availability[1–4]**
  - Number of visits continues to rise
  - Patient wait times continue to rise
  - Increased patient loads for physicians
  - ED used in place of primary care
- **Result[1]**
  - Expansion of personnel types and services

1. CDC, 2024
2. Wilper, 2008
3. McCaig, 2006
4. Pugh, 2020

Fast Stats

- Costs[1]
  - $76.3 billion across 144.8 million in ED visits
  - Average cost: $530/visit
  - Highest among patients aged 65+
  - In 2018, 143 million ED visits[2]
    - 20 million admissions
    - 123 million treat and release

1. Moore, 2021
2. U.S. Department of HHS, 2021

Fast Stats (cont.)

Aggregate ED Visit Costs

Age	Sex	Number of Visits (Millions)	Aggregate Costs (Billions)
All ED visits	M	64.6	33.7
	F	80.2	42.6
0–17	M	13.8	4.0
	F	13.0	3.8
18–44	M	21.7	10.7
	F	32.3	15.9
45–64	M	16.5	10.4
	F	18.3	11.4
65+	M	12.6	8.6
	F	16.7	11.5

1. Moore, 2021
2. U.S. Department of HHS, 2021

Most Common Payer Sources

Expected Source of Payment	Percent of ED Visits (2021)
Medicaid/CHIP	40.3%
Private insurance	29.8%
Medicare	22.0%
Uninsured/self-pay	6.2%
Workers' compensation	0.7%
Other or unknown	**13.4%**

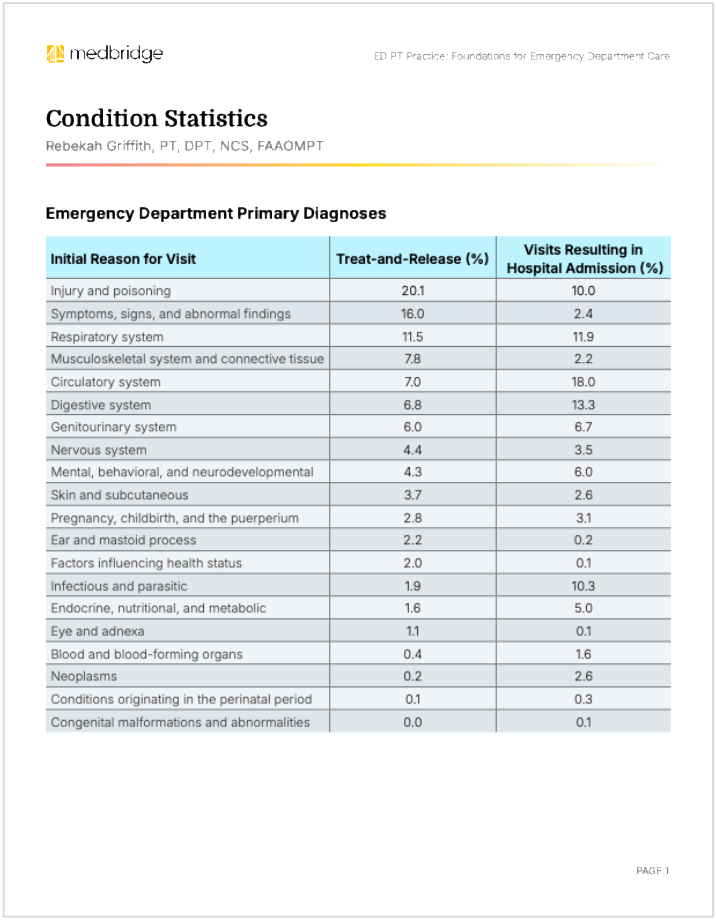
CDC, 2024

ED Visit Acuity

Triage Level	Percent of ED Visits (2021)
Immediate	7.8%
Urgent	36.2%
Semi-urgent	22.4%
Non-urgent	6.3%
No triage recorded	27.2%

CDC, 2024

Condition Statistics



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Condition Statistics

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Emergency Department Primary Diagnoses

Initial Reason for Visit	Treat-and-Release (%)	Visits Resulting in Hospital Admission (%)
Injury and poisoning	20.1	10.0
Symptoms, signs, and abnormal findings	16.0	2.4
Respiratory system	11.5	11.9
Musculoskeletal system and connective tissue	7.8	2.2
Circulatory system	7.0	18.0
Digestive system	6.8	13.3
Genitourinary system	6.0	6.7
Nervous system	4.4	3.5
Mental, behavioral, and neurodevelopmental	4.3	6.0
Skin and subcutaneous	3.7	2.6
Pregnancy, childbirth, and the puerperium	2.8	3.1
Ear and mastoid process	2.2	0.2
Factors influencing health status	2.0	0.1
Infectious and parasitic	1.9	10.3
Endocrine, nutritional, and metabolic	1.6	5.0
Eye and adnexa	1.1	0.1
Blood and blood-forming organs	0.4	1.6
Neoplasms	0.2	2.6
Conditions originating in the perinatal period	0.1	0.3
Congenital malformations and abnormalities	0.0	0.1

PAGE 1

Handout Is Available for Download

1. Moore, 2021
2. US Dept of Health & Human Services, 2021

Chapter Summary

- Understanding ED flow, patient types, and triage systems is essential for safe and effective PT integration
- Patient access to other modes of care is limited
- EDs are expanding personnel types to meet the demands of their patients
- PTs are well-positioned to assist in the management of common conditions presenting to the ED

Chapter 3

Systems and Structure: How the ED Operates

Team Composition and Dynamics

> **The strength of the team is each individual member. The strength of each member is the team.**
>
> — Phil Jackson

- Team members
- Contribution
- Hierarchy
- Dynamics

Collaboration

Any shift I work where a patient requires comanagement with PT lends itself towards better outcomes. PTs possess a skill set that is not taught to PAs. Together we provide better, more comprehensive care.

— Ashley Licursi, PAC, MMS

Outcomes of the Culture

- **Benefits**
  - Team-based approach
  - Lateral hierarchy allows for increased advocacy
  - Shared decision-making
  - Right provider, right time
  - Improved patient/provider satisfaction
- **Limitations**
  - Role confusion/blurred boundaries
    - “Final call”
  - Communication breakdowns
  - Time pressures can impact collaboration

Interprofessional Workflow

- **Service models**
  - Embedded vs. consultative[1,2]
- **Interprofessional workflow**
  - Zone flow[2]
  - Orders vs. consults
  - Algorithm-based
  - Communication
  - Shift differences

1. Griffith, 2023
2. Gurley, 2020

ED Metrics: Throughout

Door-to-Triage	Time from patient arrival to triage
Door-to-Provider	Time from arrival to first provider contact
Length of Stay (LOS)	Total time in the ED from admit to discharge
Time to Disposition Decision	Time from arrival to decision to admit, discharge, and transfer
Boarding Time	Time from admit to inpatient bed placement
Left Without Being Seen (LWBS)	Percent of patients who leave before evaluation
Left Against Medical Advice	Percent of patients who leave before recommended discharge

1. CMS, 2024
2. Joint Commission, 2023
3. AHRQ, 2023

ED Metrics: Volume and Flow

ED Visit Volume	Total number of patient encounters (day/week/month)
Admit Rate	Percent of visits resulting in hospital admission
Treat-and-Release Rate	Percent of patients discharged home directly from ED
Readmission/ Return Visit Rate	Percent returning within 72 hours or seven days*

1. CMS, 2024
2. Joint Commission, 2023
3. AHRQ, 2023

ED Metrics: Billing and Utilization

Relative Value Units (RVUs) per Visit	Billing productivity measures for providers
Imaging Utilization	Percent of patients receiving CT, MRI, or X-ray
Labs per Visit	Average number of lab orders per patient
Cost per ED Visit	Total or average direct/indirect cost per encounter

1. CMS, 2024
2. Joint Commission, 2023
3. AHRQ, 2023

ED Metrics: Capacity and Staffing

Bed Occupancy Rate	Percent of ED beds in use over a given time period
Provider-to-Patient Ratio	Patients per attending/APP during peak and average hours
Nurse Staffing Ratios	Patients per nurse, may be stratified by acuity
Diversion Hours	Hours when ED close to new ambulance arrivals

1. CMS, 2024
2. Joint Commission, 2023
3. AHRQ, 2023

ED Metrics: Patient Experience and Safety

Patient Satisfaction	Press Ganey or HCAHPS-based
Time to Pain Management	Time from arrival to analgesia (complaint-specific)
Fall or Restraint Incidents	Safety indicators logged
Medication Errors	Documented mistakes in medication administration or reconciliation

1. CMS, 2024
2. Joint Commission, 2023
3. AHRQ, 2023

ED Goals

Chapter Summary

- Emergency departments track system-level outcomes like wait times, length of stay, imaging use, and admission rates
- Aligning PT practice with these metrics strengthens the business case for integration
- PTs contribute not only to clinical care but also to efficiency, safety, and system performance

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ED PT Practice Course

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SWOT Analysis

A SWOT analysis is a commonly used tool to help identify where you stand and where you'll go next. It stands for **Strengths, Weaknesses, Opportunities, and Threats**. I recommend asking your collaborators to complete this for the ED from their perspective, in addition to completing it yourself. You will discover some areas of alignment and some areas of surprise.

We recommend completing this for both your rehab department and your ED PT practice. This will help you understand if your department is able to support moving forward.

Below is an example of a SWOT analysis from the viewpoint of the PT team prior to implementing a practice in the ED.

Strengths	• Passionate clinicians • Strong skill set in musculoskeletal • Aligned weekday schedules • Department-supported initiative PT • Budget for capital purchases
Weaknesses	• Limited vestibular skill set • Lacking appropriate equipment care • Unable to support weekend staffing • Limited team understanding of role
Opportunities	• High volume of PT-related presenting • Need for additional providers in ED • Increased bounceback numbers • Education on role of PT • Bedlock
Threats	• Lack of treatment space in ED • Resistant administration • Bedlock • Decreased team productivity

Complete this SWOT template for your ED PT practice as well as your department. Ask other collaborators to review and give their input as well.

Strengths	
Weaknesses	
Opportunities	
Threats	

Initial Data Gathering

You may not have every data point in hand yet, and that's okay. Start with what you do have and lean on your collaborators to help fill in the gaps. If a particular metric doesn't align with your practice or goals, it's reasonable to set it aside. That said, many of these data elements are critical for informing staffing models, strengthening your case, and demonstrating the success of a pilot program.

ED size (beds), list bed number and type: (ED, Fast Track, Observation)

Prevalent presentations of patients

Determine volume. Aim for a sample of 4–6 months of data. Please note: it is helpful to stratify by day of the week for staffing planning. (PT diagnoses suggested search of chief complaint.)

- LE pain: _____
- UE pain: _____
- Fall: _____
- Back pain: _____
- Neck pain: _____
- Failure to thrive: _____
- Dizziness: _____

Target arrival window (are these patients arriving at times you can staff a PT?)

Expected turnaround time in ED: _____

_____

What are your productivity expectations for PT in your facility? Is there flexibility for your ED therapists?

Do you have interested staff with the appropriate skill set? If staff are interested but need additional training, list training needs here.

Goal-Setting and Practice Needs

What are your goals for the program? Examples: increase referrals to outpatient PT, decrease unnecessary admissions, etc.

What concerns or barriers do you foresee? Example: lack of collaborator buy-in.

What equipment do you need?

What type of program will you use? Example: embedded vs. on-call.

Who will staff your program? Example: acute vs. outpatient vs. direct hire.

Can you support seven-day-per-week staffing with backup coverage?

Barrier Brainstorming

Barriers	Potential Solutions

PSDA

Plan → Do → Study → Act cycles are a structured approach to testing, refining, and implementing changes in clinical practice. They let you start small, evaluate quickly, and scale what works.

Step	Task	ED-Specific Example
Plan	Identify the problem/opportunity. Write out the change you want to test.	Trial PT involvement at triage for ambulatory MSK patients.
Do	Carry out the plan on a small scale (e.g., one to two patients, one shift, one provider).	Pilot on for 60 days, MWF with one PT, 8 a.m.–5 p.m.
Study	Collect quick data: What happened? What went well? What didn't?	Average ED LOS decreased from 6 hours to 3 hours. PT consults avoided two imaging orders.
Act	Decide: adopt, adapt, or abandon. Plan your next cycle.	Expand to five shifts a week. Refine documentation template, initiate provider education for increased buy-in.

Think of one workflow issue in your ED right now. Sketch out your first PDSA cycle below. Keep it realistic enough to test in the next two weeks.

Step	Task	Details
Plan		
Do		
Study		
Act		

ED PT Competency

Skills for ED PT Orientation and Competency	Trainer Initials	Trainee Initials
Understands metrics related to ED success		
Oriented to department flow and environment		
Demonstrates appropriate triage and prioritization skills including medical and resource considerations		
Demonstrates understanding of appropriate situational management, including pain and anxiety mitigation, de-escalation, situational and environmental awareness, and medication understanding.		
Didactic Knowledge		
Appropriate management of orthopedic considerations including differential diagnosis and management		
Appropriate management of dizziness including differential diagnosis and management		
Appropriate management of complex medical conditions, home safety, and fall risk including differential diagnosis and management		
Appropriate recommendations for discharge from the ED		
Appropriate understanding of payer sources and DME needs/ resources in the ED		
Appropriate understanding and screening of social determinants of health and impacts on patient management in the ED		
Patient Management		
Formulation of appropriate evaluation and management plan, it includes • Imaging and medication discussions • Appropriate discharge planning • Appropriate intervention options		
Effectively coordinates among disciplines MD, PT, OT, RT, RN, tech, CM, SW		

ED Assessment and Treatment		
Performs appropriate patient triage		
Musculoskeletal check-off		
Dizziness check-off		
Complex discharge check-off		
Demonstrates proper monitoring, response to physiological changes, and safe incorporation of equipment during therapy		
Identifies pain, anxiety, or other pain-related behaviors with appropriate incorporation of management throughout		
Identifies psychosocial factors, mental health complaints, lack of resources, intoxication, or possible abuse scenarios and provides appropriate referrals		
Demonstrates appropriate care plan to maximize safe discharge in a timely, efficient manner		
Professional Communication		
Demonstrates appropriate interprofessional communication and collaboration		
Appropriate and accurate documentation and billing		

Condition Statistics

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Emergency Department Primary Diagnoses[1]

Initial Reason for Visit	Treat-and-Release (%)	Visits Resulting in Hospital Admission (%)
Injury and poisoning	20.1	10.0
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Blood and blood-forming organs	0.4	1.6
Neoplasms	0.2	2.6
Conditions originating in the perinatal period	0.1	0.3
Congenital malformations and abnormalities	0.0	0.1

Non-Mental Health/Substance Use Disorder Admissions and Treat-and-Release Conditions[2]

Admission Conditions	Percent
Septicemia	10.2
Heart failure	5.4
Pneumonia (not tuberculosis)	3.5
Acute myocardial infarction	2.9
Diabetes mellitus with complication	2.9
Cerebral infarction	2.6
Cardiac dysrhythmias	2.6
Acute and unspecified renal failure	2.5
Urinary tract infections	2.5
Skin and subcutaneous tissue infections	2.3
Other	67.7

Treat-and-Release Conditions	Percent
Abdominal pain and other digestive issues/abdomen	5.4
Other specified upper respiratory infections	5.3
Superficial injury and contusion, initial encounter	4.3
Sprains and strains, initial encounter	4.0
Nonspecific chest pain	4.0
Musculoskeletal pain (not low back pain)	3.7
Urinary tract infections	2.7
Headache, including migraine	2.4
Open wounds to limbs, initial encounter	2.4
Skin and subcutaneous tissue infections	2.4
Other	63.4

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