Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research recently published by Peiris, Taylor and Sheilds in The Archives of Physical Medicine and Rehabilitation September, 2011 entitled “*Extra Physical Therapy Reduces Patient Length of Stay and Improves Functional Outcomes and Quality of Life in People With Acute or Subacute Conditions: A Systematic Review*” clearly demonstrates that when almost any condition treated by physical therapy is treated for a longer period of time, patients have better outcomes. Other researchers have published studies showing a dose-response relationship between health outcomes and rehabilitation, or more specifically, physical therapy, but this study is a meta-analysis of all of the research on the efficacy of physical therapy. The report concluded:

***Extra physical therapy decreases length of stay and significantly improves mobility, activity, and quality of life.***

Why are regulations being implemented that restrict therapists from doing what is best for patients? In the long run, decreasing allowable physical therapy will cost the system more because if patients do not get better, they will need more expensive medical interventions that in many cases have not been proven to be effective.

I am a voter. As such, I urge you to understand the benefits of adequate physical therapy and to support cost effective, evidence-based regulations that enhance quality of care. The evidence is clear that physical therapy is cost effective; it isn’t an unnecessary adjunct to other forms of treatment. Unnecessarily limiting access to physical therapy is *penny wise and pound foolish*.

My experience with physical therapy has been very positive.

Sincerely,

Name Address

**PubMed.gov, US National Library of Medicine, National Institutes of Health**

**Research Abstract**

[Arch Phys Med Rehabil.](http://www.ncbi.nlm.nih.gov/pubmed/21878220) 2011 Sep;92(9):1490-500.

**Extra physical therapy reduces patient length of stay and improves functional outcomes and quality of life in people with acute or subacute conditions: a systematic review.**

Peiris CL, Taylor NF, Shields N.

**Abstract**

**OBJECTIVES:**

To investigate whether extra physical therapy intervention reduces length of stay and improves patient outcomes in people with acute or subacute conditions.

**DATA SOURCES:**

Electronic databases CINAHL, MEDLINE, AMED, PEDro, PubMed, and EMBASE were searched from the earliest date possible through May 2010. Additional trials were identified by scanning reference lists and citation tracking.

**STUDY SELECTION:**

Randomized controlled trials evaluating the effect of extra physical therapy on patient outcomes were included for review. Two reviewers independently applied the inclusion and exclusion criteria, and any disagreements were discussed until consensus could be reached. Searching identified 2826 potentially relevant articles, of which 16 randomized controlled trials with 1699 participants met inclusion criteria.

**DATA EXTRACTION:**

Data were extracted using a predefined data extraction form by 1 reviewer and checked for accuracy by another. Methodological quality of trials was assessed independently by 2 reviewers using the PEDro scale.

**DATA SYNTHESIS:**

Pooled analyses with random effects model to calculate standardized mean differences (SMDs) and 95% confidence intervals (CIs) were used in meta-analyses. When compared with standard physical therapy, extra physical therapy reduced length of stay (SMD=-.22; 95% CI, -.39 to -.05) (mean difference of 1d [95% CI, 0-1] in acute settings and mean difference of 4d [95% CI, 0-7] in rehabilitation settings) and improved mobility (SMD=.37; 95% CI, .05-.69), activity (SMD=.22; 95% CI, .07-.37), and quality of life (SMD=.48; 95% CI, .29-.68). There were no significant changes in self-care (SMD=.35; 95% CI, -.06-.77).

**CONCLUSIONS:**

Extra physical therapy decreases length of stay and significantly improves mobility, activity, and quality of life. Future research could address the possible benefits of providing extra services from other allied health disciplines in addition to physical therapy.

Copyright © 2011 American Congress of Rehabilitation Medicine. Published by Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/21878220>