

Caring for the Elderly: Eliminating an Annual Cap on Physical Therapy Visits

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### Abstract

Most physicians encourage a physical therapy program to be completed after a major surgery or injury. Since Medicare started in 1965, elderly patients have struggled with receiving enough physical therapy visits after their surgeries or injuries. Unfortunately, since Medicare limits the number allowed, they often cannot fully heal. I will take a closer look at why Medicare patients have an annual cap on physical therapy visits. I will investigate the ways local and national Physical Therapists, Physical Therapy students, and physicians can partner with these patients in their recovery journey. Focusing on ways to provide a healthier life for Medicare patients, I will defend and advocate for these patients by exploring practical ways to enable Medicare patients to obtain more physical therapy visits.

### Caring for the Elderly: Eliminating an Annual Cap on Physical Therapy Visits

Working in a physical therapy office, I see many different individuals and injuries on a daily basis. Hearing some of their stories has changed my life. In particular, there's a 67-year-old lady who happens to make her appointments the same days I am working. I have been intrigued about her story from the start, especially since we share a similar injury, a torn Labrum. She was attacked and knocked down to the ground by her neighbor's Mastiff, tearing her left shoulder completely. Her recovery options included surgery and/or physical therapy to see if her shoulder would heal on its own with strengthening exercises. Being older, she chose the decision best for her: physical therapy instead of undergoing a major surgery. However, since she is a Medicare patient, an annual cap of physical therapy visits per year limits her recovery. When a Medicare patient enters physical therapy, the therapist tries to make every visit count, because the patient is only guaranteed so many. Since physical therapy was not healing her shoulder, surgery was performed. Currently, she is recovering from a rotator cuff repair, labral repair, and a biceps tenodesis, and still has many weeks left of recovery. Unfortunately, because of Medicare's physical therapy visit cap, she was advised to slow down her recovery process making sure she does not run out of physical therapy visits before the end of this year. Instead of coming to physical therapy two to three times a week, she now only comes once. She does her physical therapy exercises at home every day, but she cannot complete specific exercises and treatments, such as the upper body ergometer bike for shoulder strengthening and flexibility, manual therapy performed by the physical therapist, and Inferential Stimulation. These treatments significantly progress her recovery, but cannot be done easily at home.

The need for physical therapy is always increasing, especially among Medicare patients, who are more prone to accident and injury. Unfortunately, these patients cannot always receive the

number of physical therapy visits they need in order to fully heal. Despite the benefits of physical therapy after an injury or surgery, Medicare plans are not always affordable, causing physical therapy visits to be valuable. A limited number of physical therapy visits can hinder a patient's recovery and health when they need it most. The Medicare patient population is older, meaning they take more time to heal. Placing a cap on the number of visits allowed can make these patients pay extreme amounts to receive more therapy which seems outrageous. Many Medicare patients are struggling with this issue, and experiencing the lack of motivation to heal every day. However, eliminating an annual cap on physical therapy visits and creating viable alternatives is vital for Medicare patients to live a healthy life.

Medicare plans include annual caps that inhibit the health of an individual. Medicare was implemented in 1965 by Lyndon Johnson under the Social Security Act to provide health insurance to individuals 65 years and older, regardless of their income or medical history. Many changes have been made to Medicare since it was first implemented, but Medicare still is not providing the best deals for its patients. There are two basic Medicare plans, Medicare A and Medicare B. Medicare A covers hospital care, nursing homes, hospice care, and home health, whereas Medicare B covers ambulance services, inpatient and outpatient rehabilitation, and limited outpatient prescription drugs. Medicare Advantage, also known as Medicare C, covers A, B and prescription drugs. The health of an individual, and the plan they can afford determines their plan (medicare.gov, n.d., p. 1). Most individuals have both plans A and B, because they use these facilities more as they age. The Medicare website states, "You pay \$185 per year in 2019 for your Part B deductible. After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services and outpatient therapy" (medicare.gov, n.d., p. 1), which is where the annual physical therapy visits cap issue is introduced. Josh Katz, Kevin

Quealy, and Margot Sanger-Katz wrote a New York Times article about a “Medicare for all” plan. They conducted a study of how much money Americans and the federal government spend on healthcare. They concluded that if all Americans had Medicare, they would pay less than they do now for healthcare, but the federal government would pay more. Hospitals would risk closings and unhappy health care providers, because they would not be paid as much (Katz, Quealy, Sanger-Katz, 2019, p. 1). A Medicare plan for all could bargain with the drug industry and have more leverage. The economists in this study differed in their opinions of how a plan like this could work in practice. Since Medicare does cover a certain amount of outpatient therapy, many patients use this to their advantage. Since Medicare patients are more prone to injury than the younger population, physical therapy is extremely beneficial to their healing. However, Medicare places an annual cap on the number of physical therapy visits a patient can use without having to pay out-of-pocket. Because of this limit, many Medicare patients cannot get the appropriate care to heal properly, which seems unfair. Medicare is in effect to provide health insurance to the retired, a gift they have been given. However, placing an annual cap on their visits restricts them from properly recovering from their injury or surgery.

Physical therapy is beneficial in helping a Medicare patient to full recovery and health. Physical therapy includes basic exercises, cardio, heat therapy, cold therapy, ultrasounds, and electrical stimulation. Reducing or eliminating pain, avoiding surgery, improving mobility, recovering from injuries, and preventing falls are ways in which physical therapy is beneficial to the general population. Growing up I was a competitive gymnast, which is a high injury risk sport. My muscles and body were worn out as I completed 16-20 hours of gymnastics a week. At age 12, I underwent my first ankle surgery. The sheath where the tendons run in the ankle was too narrow, causing my tendons to move all around my ankle. This caused chronic tendonitis that

could not be healed unless surgery was performed. Post-surgery, I completed 6 months of intense physical therapy to help me prepare for the impact gymnastics brings upon bones and muscles. Unfortunately, I underwent the same surgery on the other ankle 2 years later, and completed the physical therapy process again. In 2017, I underwent shoulder surgery from a shoulder dislocation leading to a labral tear. This surgery required more physical therapy to be completed heal since the shoulder is a ball and socket joint. Graduating from physical therapy from each surgery I had growing up was always a bittersweet moment. I went from feeling hopeless about ever returning to my sport to encouraged and confident that I was healed. From my own experience, I know physical therapy is beneficial and lifechanging. I now work as a PT tech at the same physical therapy clinic where I did my rehabilitation. Every day, I can empathize with the patients, their injuries, and their pain, because I was once in their shoes. Seeing the most thoughtful, loving, and appreciative Medicare patients are the highlight of my work days. However, my heart breaks each day because a patient has to make the decision to either reduce their amount of physical therapy visits a week or halt their recovery completely because of Medicare's annual cap placed on physical therapy. Most individuals know someone who has experienced the frustration of running out of therapy visits while trying to recover. These elderly patients who had hip and knee replacements, rotator cuff tears, and a plethora of injuries deserve the physical therapy needed to get live a healthy life.

Physical therapy is incredibly important in the geriatric population because it helps the patient live a longer and healthier life. Some argue that since these patients are older, physical therapy might hurt them more than help; however, statistics suggest otherwise. Seniorliving's article "Physical Therapy for Seniors" states, "Physical therapy can relieve pain and restore physical functions such as flexibility, strength, balance, and coordination" (p. 2), resulting in a

healthier and longer life of the patient. The Government Accountability Office's article discusses the rising Medicare expenditures for physical therapy services, which are increasing rapidly (GAO, 2014, p. 26) The American Physical Therapy Association also describes the post-therapy cap system changes being made by physical therapy assistant's services. The APTA states, "Physical therapy and speech-language pathology are still lumped together in thresholds and these \$2,010 and \$3,000 limits are for physical therapy and speech-language pathology therapy combined" (APTA, 2018, p. 2). If a patient needs physical therapy as well as speech therapy, paying for both therapies using Medicare might not be possible depending on how many visits they will need to heal.

Finding a way not to combine these expenses together could be beneficial for Medicare patients. This post cap system seems unfair because health care insurance like Medicaid, for the younger patients, doesn't place an annual cap on physical therapy. The APTA also claims there will be a cut in Medicare reimbursement for physical therapy providers. The APTA states, "CMS reveals a plan that puts Medicare beneficiary access to physical therapy at risk by way of an estimated 8% cut to fee schedule for reimbursement in 2021" (2019, p. 1). This places a challenging financial pressure on physical therapists, especially in rural areas. CMS urges APTA members to raise their voice and stand up for this cut. Allowing an unlimited number of physical therapy visits for Medicare patients would be an ideal way to solve this solution, but the federal government would be paying too much money.

Physical therapy visits should vary by diagnoses and functional mobility. However, it's often not the case for Medicare patients. In the article "Medicare Outpatient Physical Therapy Expenditures Vary by Diagnosis and Functional Mobility", Pardasney, et al. explain that Medicare cap was the same for all beneficiaries, regardless of diagnosis. This is an issue for

Medicare patients because patients who have a joint replacement are receiving the same amount of physical therapy visits as patients with a sprain, which takes less time to heal than a joint replacement. Pardasney, et al. also states, "If physical therapy services were completed prior to March, a patient may reach their annual cap earlier in the 12-month period" (2019, p. 529), which results in their expenditures being underestimated. As a result, not all patients are fully recovering from their injuries, because they do not have enough visits. Some Medicare patients cannot pay for out of pocket services, and suffer the consequences. Some people might argue that Medicare patients only need to return to daily living activities, not back to a sport or their career. However, these patients still have life to live. Also, some individuals might also argue that doing physical therapy at home after they come to a few sessions with a therapist could be more beneficial and save therapy visits. This is a valid argument, except the patient will be missing out on treatment like the Game ready machine and electrical stimulation. Electrical stimulation has many settings and the most common used in physical therapy are the inferential current (IFC) and Russian current. The IFC current means the current is crossed, resulting in a different frequency at the interference point. Russian stimulation is intended for strengthening muscles, increasing muscle size, increasing muscular endurance, and accelerating muscle recovery. The costly Game Ready machine filters ice and water through a sleeve that compresses to reduce swelling. These machines are imperative to the healing process. Without these machines, the recovery process might take longer or fully recovery might never be achieved. Robert Sandstorm and Anastasia Schmaltz conducted a study using four variables classified into categories of therapy. The number of physical therapy visits that individual had in a year were reported. Sandstorm and Schmaltz concluded that Medicare patients are using plenty of physical therapy visits, but they are not given enough. This study and article affirm the need of physical



therapy for the senior citizen population. Medicare expenditures for physical therapy services are rising and the role of self-referral in this growth (GAO, 2014, p. 23).

Promoting health and aging can decrease injuries and physical therapy visits. Keeping the elderly healthy protects them from injury, obesity, disease, and ultimately death. It also helps the patient save money. Physical activity performed on a daily basis has not improved for decades (Haber, 2016, p. 8) In Haber's book, *Health Promotion and Aging* (2016), he states, "Specifically focusing on those 65 and up, they fell short of the target goals for physical activity, obesity, eating healthy foods, tooth loss, and reducing hip fractures" (p. 10). This decline strengthens Haber's argument that there is a long-term issue. Avoiding injuries for senior citizens can often be hard since their bones become more brittle and they become less flexible with age. However, increasing physical activity in the older population can promote health and aging slower than not participating in physical activity (Haber, 2016, p. 11). Haber calls for a shift in the way physicians and health care providers approach and care for the health and wellness of their older patients. By empowering patients and encouraging good physical habits, the older generation can prevent injuries and perhaps avoid surgeries. Often a YMCA or a local senior center is the perfect place for the older adult to become healthier and increase wellness for free or at a discounted price. A YMCA or senior center usually include a gymnasium for the senior citizens and an indoor pool. Having this option available can help a patient stay healthy and fully recover. Increasing the overall health and wellness of the older population can lead to less injury, as well as less need for physical therapy.

Eliminating the annual physical therapy cap for Medicare patients results in a positive outcome for the patient. Raising the annual cap to an amount that provides more therapy visits seems like a solid solution. Unfortunately, this is impractical. Increasing the annual cap would

cost the federal government too much money, like the Medicare-for-all plan. Imagine if Medicare patients could be seen by students in physical therapy school, working toward their doctorate degree to become a physical therapist. Physical therapy students are required to have a certain amount of fieldwork experience, usually six rotations totaling many weeks and hours. The fieldwork experience is vital because it allows the student to apply what they have learned, prepare them for the work they will be doing after PT school, improve their social and teaching skills, and introduce the student to the type of patients they will be assisting in the future. Their supervisors and mentors could consider working with Medicare patients as a class or fieldwork rotation. The student learns while the patient heals without any cost. Having a class where the students get to experience the skills they will be using before going to a fieldwork rotation, could be very beneficial to their learning. As for the Medicare patient, the physical therapy services offered would be an extremely low cost. This could be advantageous for the patient's health and the physical therapy student's education.

A Johnson City, Tennessee downtown clinic provides health care to the surrounding city for free or at a reduced rate. Downtown clinics already exist in many cities. This community health center provides health care to adult primary and behavioral care, child and adolescent care, women's services, addiction services, pharmacy, social services, dental services, and immigrant services. The clinic can also service checkups and immunizations. The cost of the downtown clinic care might not be free depending on an individual's income, but the prices cost less than a doctor's office. Insurance is not required to be a patient at a downtown clinic. Imagine a downtown physical therapy clinic where physical therapists could come and apply services to Medicare patients who run out of physical therapy visits or simply adding therapy to The Downtown Clinic. The therapists could offer their services for free or at a reduced cost, allowing

Medicare patients the full recovery needed after a surgery or injury. The building could be easily accessible to the public and could even be held at a YMCA or a senior center. This clinic could assist Medicare patients tremendously when they use all of their physical therapy visits. It could be very successful, but there are some obstacles to overcome. Physical therapists finding time to provide care at the downtown clinic could be difficult. The equipment needed for physical therapy is expensive, and the downtown clinic might not bring in enough money to have the proper equipment. These obstacles could be overcome by hiring therapists to work full time at the downtown clinic, and the equipment could even possibly be donated. Opening a downtown physical therapy clinic could flourish, providing care to Medicare patients and even others who no longer have physical therapy visits available needed for full recovery.

Physical therapy is important to heal properly and live a healthy life. Everything costs money, especially when it comes to healthcare, but there are always cheaper options. The options are not ideal, but are ways to benefit both parties. Avoiding the Medicare annual physical therapy cap would eliminate this issue; however, it is expensive for the federal government not to have an annual physical therapy cap. Allowing physical therapy students to treat Medicare patients as their fieldwork could benefit the student and the patient. Setting up a physical therapy clinic where surrounding therapists come together and treat Medicare patients for free or at a reduced price could also be rewarding to these patients. Until Medicare changes, we have to change the way we treat these patients. Medicare does not have the last word. Working around Medicare laws and providing viable care is most important for these patients and their overall health.

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