Bridging the Gap: How Physical Therapists and Personal Trainers can work together

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This presentation reviews how the profession of physical therapy has grown throughout the years. The educational background of physical therapists and personal trainers is compared and explained. This presentation also talks about how physical therapists are pushing patients to make changes in their lifestyle. Functional mobility a term used that incorporates physical therapy and personal training in order to improve the patients overall quality of life.

Audience: This presentation would be beneficial to anyone who is currently practicing as a physical therapist, a personal trainer, or anyone who has involvements in the fitness and wellness injury.

Audio/Visual: Are used in this presentation include: extensive powerpoint presentation with examples and pictures of various assessments, equipment, and forms used in physical therapy.

Length: 60 minutes

About the Speaker: Beau Saunier PT, DPT is a doctor of physical therapy and has a special interest in treating the lower extremity and the spine. Beau recently graduated from the University of St. Augustine for Health Sciences in Austin, Tx. Beau also did his undergraduate studies at the University of Louisiana – Lafayette.

Bridging the Gap:
How PTs and CPTs can work together
Beau Saunier PT, DPT

• Objectives
  • By the end of this session you will:
    □ Know the educational background of a PT.
    □ Know the scope of practice of a PT.
    □ Develop strategies to help PTs and CPTs work together.
    □ Have questions about PT answered.
• Who is this guy?
• Intro to PT
• Who are PTs?
  □ Physical therapists (PTs) are highly-educated, licensed health care professionals who can help patients reduce pain and improve or restore mobility
  □ Physical therapists can teach patients how to prevent or manage their condition so that they will achieve long-term health benefits. PTs examine each individual and develop a plan, using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability
• Where do we work?
  □ Pts work in a variety of setting including
    • Outpatient Orthopedics
    • Hospitals
    • Acute Care
    • Home Health
    • Skilled Nursing Facilities (SNF)
    • Schools
    • Industrial Environment
    • Fitness centers and sports training facilities
• Educational Background
  □ Physical Therapists
    • 4 year bachelor’s degree
    • 3 years to obtain doctorate of physical therapy
    • Passing of National Physical Therapy Examination (NPTE)
      • 5 hours, 250 questions
  □ Certified Strength and Conditioning Specialist (CSCS)
    • NSCA
      • Bachelor’s Degree or currently enrolled college senior
• CPR and AED certified
  □ Certified Personal Trainer (CPT)
    • ACSM, NASM, ACE, and NSCA:
      • 18 years or older
      • High school diploma/GED
      • CPR and AED Certified

• Common Misconceptions
  □ People need a “blow out” injury or a surgery to come to PT
  □ Physical therapist are Movement Specialists
  □ Any movement dysfunction is treatable by a physical therapists.

• Two Common Candidates for PT
  □ Anyone in Pain
    • New Patient
    • Someone who gets injured during exercise
    • Work around the pain or let us help you fix it
  □ Anyone who moves poorly
    • If pt is not better with corrective exercises CPT rx
    • If a client does not have proper ROM to perform certain exercises.

• Stone Age Thinking
• PTs did not like CPTs in the earlier days…. But why???

• EGO?
• Stubbornness?
• Fear of Injury?
• My Theory
  □ Up until the mid 90’s physical therapy was a bachelor’s degree only.
  □ Now, PTs are getting degrees in exercise science and athletic training before going to PT school.
  □ They are more educated on the educational background of personal trainers.
  □ Some PTs were even personal trainers and athletic trainers before PT school.

• “The Product”
  □ “The Product”
    □ PTs and CPTs produce the same product
    □ The product is better overall health for our patients/clients
    □ Aren’t we both trying to help people?
    □ “People who move better, feel better, and perform better”
    □ We can work together

• If a patient is injured:
  □ PTs implement exercise along with manual therapy and modalities to treat patient
    • Increase cardiovascular endurance as well as core strength and skeletal muscle strength
    □ We introduce them to exercise and educate them on the importance of ergonomics and improving overall health.
    □ Upon d/c the patient can be referred to a personal trainer to continue to improve overall health

• If a personal trainer refers
  □ You do not have to discontinue training the client, unless very serious.
  □ If the patient agrees, we can have an open line of communication and make modifications to their exercise plan.
  □ We can work together to help the patient get better, faster.

• Communication
  □ You know your client
  □ Training a long-time client -> you know them better than they know themselves.
  □ The client may tell their personal trainer more things than they would tell a PT.
  □ This is why the line of communication is important.
  □ We keep each other up to date on the status of a client.

• Upon referral I want to know:
  □ Pt’s chief complaint?
  □ What do you think is the cause?
  □ Chronicity of symptoms? Onset? Gradual or insidious?
  □ How long have they been training with you? What are their goals (weight loss, strength, etc)
  □ How advanced is their fitness program?
  □ Have you noticed any other functional limitations?

• When the lines are clear, everyone benefits
• Benefits
  ▫ Develop a multi-disciplinary team to provide best possible care.
  ▫ We each get more business from each other
  ▫ Most important of all, the patient receives the best care that they can get.
• Play to your strengths and know when to refer out to each other.
• Questions?
• THANK YOU!!!
• References
  ▫ All images via google images
  ▫ www.apta.org
  ▫ www.nsca.org
  ▫ www.acsm.org
  ▫ www.acefitness.org
  ▫ www.nasm.org
  ▫ “Most Personal Trainers Shouldn’t do Assessments (How to Collaborate)” By Jonathan Goodman and Mike Reinold