

COMPLIANCE WITH PRESCRIBED PELVIC FLOOR PHYSICAL THERAPY WHEN PATIENTS MEET WITH A PHYSICAL THERAPIST AT THEIR INITIAL UROGYNECOLOGIC EVALUATION

Hypothesis / aims of study

Hypothesis: Rates of compliance with pelvic floor physical therapy (PFPT) will be higher when the patient meets with a physical therapist (PT) at the time of initial evaluation with urogynecology than if she is referred to be seen by a PT at a subsequent encounter.

Study design, materials and methods

After IRB approval, we performed a retrospective review of billing data and medical records for all patients seen in urogynecology consultation at our institution between February 1, 2014 and February 1, 2015. We collected demographic data as well as information regarding urogynecologic diagnoses, location of initial encounter (multidisciplinary pelvic wellness clinic versus single discipline urogynecology clinic), whether a PT was involved in initial encounter, whether referral to PFPT was placed, whether a patient saw a PT subsequent to the initial encounter, whether prescribed PFPT was completed, and whether urogynecologic surgery was performed. Chi-square testing was used to compare rates of PFPT attendance and completion among those patients who were seen in a multidisciplinary clinic versus a single discipline clinic and among those who saw a PT during their initial multidisciplinary pelvic wellness clinic visit versus those who did not. Logistic regression was performed to identify factors associated with attendance and completion of prescribed PFPT using SPSS 22.0.

Results

A total of 958/982 patients (98%) identified met criteria for inclusion, of whom 23% (216/958) were seen in a multidisciplinary clinic with PFPT available. Overall, 92% (877) were non-Hispanic white; 60% (567) were married; and 45% (434) had government insurance (Medicare/Medicaid). Age was between 18-40 years for 17% (165); 41-64 years for 44% (425); and greater than 64 years for 38% (367). Forty-one percent (395) had a diagnosis of prolapse and 67% (646) incontinence.

Referral to PFPT was made in 35% (334/958) of patients overall, in 55% (119/216) of patients seen in the multidisciplinary clinic and in 29% (215/742) in the group seen in single discipline clinic ($p < .001$). Complete data were available regarding PFPT attendance and completion for 98% (328/334), of whom 67% (219/328) attended and 43% (140/328) completed PFPT. Among patients seen initially in the multidisciplinary clinic, 79% (93/118) attended PFPT versus 60% (126/210) of patients seen in single discipline clinic ($p < .001$). Rates of PFPT completion were not different between these two groups (45% in the multidisciplinary group versus 41% in the single discipline group, $p = .309$). Thirty-four percent (74/216) of patients seen in the multidisciplinary clinic saw a PT on the day of initial consultation, and 91% of these (67/74) attended a subsequent PFPT visit, versus 61% of those not seen by a PT at their initial consultation (157/259, $p < .001$). However, these patients were not more likely to complete their prescribed course of PFPT (49% versus 41%, $p = .148$). Among patients who attended PFPT, 61% (131/216) lived within 10 miles of the PT. Factors associated with PFPT attendance and completion are outlined in Tables 1 and 2, respectively.

Table 1. Pelvic Floor Physical Therapy Attendance Rates and Associated Factors

	Attended PFPT % (n)	p-value	Adjusted Odds Ratio (95% CI)	p-value
Age				
18-40	50 (26)	.004	1.0 (Referent)	.015
41-64	65 (100)		1.8 (0.9, 3.5)	
65+	76 (93)		2.8 (1.4, 5.7)	
Married	67 (135)	.497		
Single / Divorced / Widowed	67 (84)			
Government insurance	68 (97)	.345		
Private insurance	66 (122)			
Clinic Type		<.001	--	
Multidisciplinary Clinic	79 (93)			
Single Discipline	60 (126)			
Initial PFPT Consult		<.001	6.1 (2.7, 13.9)	<.001
At first visit	91 (67)			
At separate visit	60 (152)			

Table 2. Pelvic Floor Physical Therapy Completion Rates and Associated Factors

	Completed PT % (n)	p-value	Adjusted Odds Ratio (95% CI)	p-value
Age				
18-40	31 (16)	.001	1.0 (Referent)	.001
41-64	37 (56)		1.2 (0.6, 2.4)	
65+	55 (68)		4.4 (1.8, 10.7)	
Married	45 (92)	.132		
Single / Divorced / Widowed	38 (48)			
Government insurance	48 (68)	.060	--	
Private insurance	39 (72)			
Clinic Type		.309		
Multidisciplinary	45 (53)			
Single Specialty	41 (87)			
Initial PT Consultation		.148		
At first visit	49 (36)			
Separate visit	41 (104)			
Distance from PFPT		.182		
Less than 10 miles	65 (87)			
10 miles or more	58 (51)			

Interpretation of results

Overall, 67% of patients referred for PFPT attended consultation and 43% completed PFPT. PFPT attendance was higher among older women and among those who saw a PT at their initial consult in a multidisciplinary clinic. The only factor statistically significantly associated with PFPT completion in multivariate analysis was older age.

Concluding message

Joint appointments with PFPT and urogynecologic physician at the time of initial consultation improves compliance with prescribed pelvic floor physical therapy in terms of attendance but not affects rates of completion of PFPT. Further research is required to determine whether attendance and completion of PFPT are independently associated with improved patient outcomes.

Disclosures

Funding: Dr. Brown is supported by the Wisconsin Multidisciplinary K12 Urologic Research Career Development Scholar Program (NIH K12DK100022-2) **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** University of Wisconsin School of Medicine & Public Health Institutional Review Board **Helsinki:** Yes **Informed Consent:** No