



INTEGRATIVE MEDICINE

NEW OPPORTUNITIES FOR PTS

Many interventions once classified as complementary or alternative now are being integrated into mainstream health care. What are the benefits and risks to the profession of physical therapy and its patients and clients?

In the winter of 1996, **Matt Taylor, PT, PhD, RYT**, was a self-admitted “hard-charging Army-Baylor grad—an ortho physical therapist (PT) with my own private practice and integrated medically oriented gym.”

While attending a national health conference, Taylor—founder and owner of Dynamic Systems Rehabilitation—heard that yoga was going to be the next “hot” trend. In the past, Taylor admits, he’d made fun of yoga when he wife had attended classes. But then his banker’s wife approached him to suggest that his practice incorporate yoga. That would make it the only source of yoga within 50 miles.

At the same time, Taylor had an increasingly unstable lumbar spine. However, he didn’t put 2 and 2 together—yoga and his spine—until after his conversation with the banker’s wife.

Taylor decided to try yoga. After 2 months of weekly classes, he reports, his back was substantially more stable

and comfortable. “This shattered my ‘authority’ on back care perspective,” he says.

Just shy of 2 decades later, Taylor is on the leading edge of exploring new methods to help patients and clients. Having served as the president of the International Association of Yoga Therapists and on the board of the Academic Consortium for Complementary and Alternative Health Care, Taylor implements yoga techniques in his practice and has conducted research on its benefits. Although he uses no exercise equipment in his practice, Taylor says that his is still very much a traditional practice. “I still do light, manual therapy. I still teach exercises. I teach gait, and I work with complex patients.”

Besides being able to offer additional value to his patients, Taylor discovered an unexpected benefit: his practice is completely insurance free, a 100% cash-based business.



Implementing Integrative Medicine in Your Practice

By Matt Taylor, PT, PhD, RYT

Action, not cognition, is the fuel of real change and new creativity. Here are some suggestions for understanding and implementing integrative medicine (IM).

1. Build rapport with IM providers.

Each month, meet with a provider, visit a service, or invite a provider to your practice. Exchange practice challenges and ideal referral demographics while brainstorming collaborative efforts. Listen more than talk.

2. Consume an IM service. I saw a T-shirt a while ago that read, “Move Your Butt, and Your Mind Will Follow.” The whole-brain leader of today values experiential knowledge as much as conceptual knowledge. Find an IM practice that intrigues you. Immerse yourself for a 3-month period.

3. Become the IM gatekeeper for your clientele.

Your patients look to you for guidance and safety. Practicing these action steps makes excellent fodder for newsletters, workshops, web content, tweets, and so on.

4. Sublet space. Find a provider you respect and around whom you feel comfortable. Invite him or her to lease space in your off-hours, as many providers practice in evenings and on weekends.

5. Make referrals to trusted IM providers. Once you understand what they offer and how it works with your services, make appropriate

referrals. You will be amazed at how such a “compliment” generates a steady stream of appropriate cash-oriented clientele in return.

6. Watch the mind. Stay on guard to recognize how your previous preconceived notions about IM may resurface in the form of sarcasm, antagonism, or skepticism. Maintain prudent differentiation, but be sure that these notions don’t blind you to a world out there and constrain your practice from moving forward with the best of science and the art of movement.

Complementary, Alternative, Integrative—What’s the Difference?

According to the National Center for Complementary and Alternative Medicine (NCCAM), nearly 40% of Americans use health care approaches developed outside of mainstream Western medicine for specific conditions or overall well-being.¹ With nearly half the population using some kind of nonmainstream approach, it’s not surprising that patients are asking their physical therapists about them.

Before discussing these techniques, it’s important to understand the terminology. According to NCCAM, “alternative” refers to the use of a nonmainstream approach *in place of* conventional medicine. “Complementary” refers to the use of a nonmainstream approach *together with* conventional medicine.¹

Today, though, the trend is to replace both of these terms with “integrative medicine” (IM). Why? “Medical schools are driving this,” explains Taylor. “There are 57 medical schools that now have programs in integrative medicine.”^{1,2}

Taylor defines integrative medicine as “the use of all available healing modalities to support both the patient and the provider.” The Consortium of Academic Health Centers for Integrative Medicine defines it as “the practice of medicine that reaffirms the importance of the relationship between

practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, health care professionals, and disciplines to achieve optimal health and healing.”³

The Modalities and the Evidence

Many modalities used in IM fit right in with physical therapy, its practitioners say, because they too involve movement: yoga, massage, Pilates, tai chi, Feldenkrais, Rolfing, acupuncture, and cranial-sacral therapy, among others. Even deep breathing is used by many PTs because it can trigger a relaxation response. Taylor also says that there’s good evidence that visual imagery and guided imagery have a positive effect in movement planning.^{4,5,6,7,8,9}

Other integrative modalities include acupuncture, aromatherapy, botanical medicine, and Reiki, also sometimes called therapeutic touch or energy therapy.

As for the evidence supporting many of these approaches, much already has been published and more research is being conducted every day. A search on APTA’s PTNow evidence-based clinician’s website uncovers more than 300 published research articles on integrative medicine. The amount of research varies by modality, from a lot to little. In addition, there are many anecdotal reports of people finding relief using them.

And that leads to the definition of evidence-based practice. Taylor explains, “Evidence-based medicine is a balance of research (the science), clinical expertise (a PT’s experience), and patient values (what the patient wants).” All 3 components are important when treating patients. Taylor adds: “As business people, we need to ask why the public is spending billions of dollars on [these] practices. The answer is that [these] practices have centuries of consumer field testing.”

Some PTs choose to pursue further training in order to offer these modalities themselves. Others either employ the practitioners or maintain a trusted referral list. (For more guidance on implementing IM, see “Implementing Integrative Medicine in Your Practice.”)

Judy Deutsch, PT, PhD, FAPTA, professor at Rutgers University, and Ellen Zambo Anderson, PT, MA, GCS, associate professor at Rutgers University and a per diem therapist serving subacute patients with Genesis HealthCare, are coauthors of “Complementary Therapies for Physical Therapy: A Clinical Decision-Making Approach.” They emphasize that while there is substantial evidence for many IM modalities, PTs must understand that just because 1 approach works for 1 type of patient, that doesn’t mean it will work for all in every circumstance.

“Some good outcome studies have been done on some of these interventions, but I like to be conservative. I want to know the population in which the intervention was investigated,” explains Anderson.

She gives this example: A study might examine women postmastectomy who are receiving chemotherapy. Within that population, Reiki was found to be helpful for reducing stress and anxiety. From this evidence, a health care provider might assume that Reiki is effective for stress and anxiety in other circumstances and so might use it with patients poststroke.

Anderson says she wouldn’t suggest the intervention be used with poststroke patients unless research had been conducted on that specific group. “We have 2 different medical conditions here. I don’t think it is appropriate to apply some of these interventions across the rehabilitation population and expect the same results,” she says.

Deutsch adds, “Researchers are studying these techniques in a systematic way, and we have a much better understanding of some of the underlying mechanisms and the explanations for why they work or don’t work. But PTs still must be careful. For example, there is an evidence base for yoga, but yoga is a rich and broad practice. You have to characterize the way in which yoga was done, for which population, and under what circumstances the evidence exists.” She urges that PTs do their due diligence and critically appraise the literature on any IM technique.

Deutsch adds that the move to IM is showing up in physical therapy curricula as well. For example, Rutgers used to offer a course on complementary therapies. However, most overall instruction on complementary interventions has been incorporated directly into other classes.

Incorporating IM Into Practice



Karen Albaugh, PT, DPT, MPH, CWS, an associate professor at Neumann University in Aston, Pennsylvania, and a clinical specialist at Optimum Physical Therapy, primarily sees patients with wounds.

When she noticed that some patients weren’t healing with traditional interventions, she began to research IM—ultimately earning a master’s degree in public health, focusing on integrative health.

“I pursued the MPH to try to gain more knowledge in botanical medicine, traditional Chinese medicine, and mind-body approaches,” Albaugh explains. “My patients were saying they were doing some of these things—such as trying acupuncture or herbs—and I didn’t feel knowledgeable enough about it.”

Albaugh also had patients from other cultures describing practices that were common with their families, such as using goldenseal on a wound. “I didn’t know what goldenseal was,” she says. (Goldenseal, also called orangeroot or yellow puccoon, is a perennial herb in the buttercup family native to southeastern Canada and the northeastern United States.) So she educated herself in order to understand what her patients were doing outside the clinic.

While Albaugh says that wound care can benefit from many modalities such as aromatherapy, botanical medicine, acupuncture, and energy therapy, she most often implements mind-body approaches with physical therapy. “I found that a lot of my patients weren’t sleeping or eating well and were under a lot of stress. In turn, the wound didn’t progress as it should have with all the treatments we were doing,” she says.

She also noticed that many of her patients were using negative self-talk such as “This is never going to heal” or “I’m never going to get better.” She knew those beliefs could be detrimental to healing, too. “You can’t just look at the wound. You have to look at the whole person,” she says.

She has found that using deep breathing treatments, especially for potentially painful procedures, greatly helps her patients. Albaugh also uses guided imagery and positive affirmations with patients.



Michelle Lindsey-Wehner, PT, MBA, CPT, KRI, works primarily with special needs patients in schools or their homes. Lindsey-Wehner is founder and president of Rising Star Therapy Specialists, a yoga instructor, and author of “The Wellness Equation”

Having been a figure skater for 17 years, Lindsey-Wehner grew up having more unusual childhood injuries than others her age. No matter what the injury, she always had to focus on getting back to practice. As a result, she had worked with different practitioners getting acupressure and Reiki to help heal her injuries. Today, she is certified in Thai massage and has studied yoga and meditation.

In her practice, Lindsey-Wehner uses holistic acupressure as well as breathing techniques. “Implementing wellness and prevention is the next step in the change in the medical profession and our field. There are many research-based articles on yoga and breathing. PTs don’t need to be afraid because there is a lot of knowledge and information backing up the techniques,” she says.



Mary Lou Galantino, PT, PhD, MSCE, has incorporated IM into her multiple roles as an educator, clinician, and volunteer. Galantino, professor of physical therapy at The Richard Stockton College of New Jersey,

recently was named a Fulbright specialist and has just completed a 6-week assignment in South Africa working on global health. She was chosen as a Fulbright specialist for her expertise in HIV-AIDS rehabilitation, cancer rehabilitation, and integrative medicine. She also is a yoga instructor and certified American College of Sports Medicine wellness coach.

Galantino says, “Through evidence-based research, I take a holistic approach with integrative medicine, using my expertise in HIV and cancer rehabilitation. Yoga, tai-chi, and meditation are a few of the holistic approaches in my work with graduate students, patients in the clinic, and through my research.”

She also is the school’s coordinator of the holistic health minor, supporting undergraduate students in clinical experiences in Beijing, China. There, nursing students learn traditional Chinese medicine practices. As an adjunct scholar and associate professor in the Department of Family Medicine and Community Health at the University of Pennsylvania, she conducts research on integrative medicine and chronic diseases.

Working Well With Others

For Jennifer Gamboa, PT, DPT, OCS, president and CEO of Body Dynamics Inc, using integrative medicine isn’t new. Her Northern Virginia practice has been using it for years. In addition to having many PTs on staff, she also has Pilates practitioners, athletic trainers, fitness instructors, massage therapists, and a full-time and a part-time counselor.

“We look at musculoskeletal health and overall wellness from a holistic perspective. We do this by looking at 4 cornerstones: movement quality, fitness, disease-risk factors, and emotional well-being. Looking at all these pieces, we put together a plan of care,” says Gamboa. “We’re trying to understand in advance what patients might need to help them get better faster and with longer-term sustainable results.”

One technique a counselor uses with patients at Body Dynamics is neurobiofeedback. It’s part of a strategy to address emotional well-being.

Why could this be important for some patients seeing a physical therapist? Gamboa explains: “The idea is that if a patient has a lot of stress in her life, for example, and she has low-back pain, as a PT I may not be able to resolve the issue until we are able to deal with the stress. So PTs have to understand that every patient who walks through your door is multifactorial. Our goal as physical therapist professionals is to understand what those factors are as soon as possible and then bring the right research to the table at the right time.”

If a PT at Body Dynamics during the course of an intake believes a patient might benefit from any of the other services offered there, he or she will suggest it. If the patient specifically asks for a certain service, and it’s determined that it would help with rehabilitation, then that patient can receive it as a part of the treatment.

Having these various practitioners working together is a crucial part of IM. “We are much better when we are working together than when we’re working in isolation,” says Gamboa. “Ours is a rich and vibrant practice, and each



Matthew J. Taylor, PT, PhD, facilitating a patient’s sensory perception and terminal knee extension with modified yoga techniques.

provider and each discipline brings more richness to the practice. We would not be as good working in silos.”

Galantino, too, speaks of interprofessional cooperation, both within and outside the United States. She volunteered in Haiti during the summer of 2013. While there, she worked with PTs, physicians, and occupational therapists studying traditional healing practices and conducting research. She says that “research shows that interprofessional health care training” enables practitioners “to serve others through optimizing function to live vibrantly amidst health challenges.”

Deutsch says that when physical therapists think about the evolution of physical therapy, moving to IM is a natural transition. “It has to be based on evidence, and you have to make sure that you’re acting within legal guidelines and practice acts. However, our practice is a living, organic process. It’s not static. So if you’re not current, then you have fewer options regarding what you can do for your patient.”

Michele Wojciechowski is a freelance writer.

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