



Performance
Physical Therapy

The Performance Joint Solution

A solution to managing patients with hip
and knee osteoarthritis

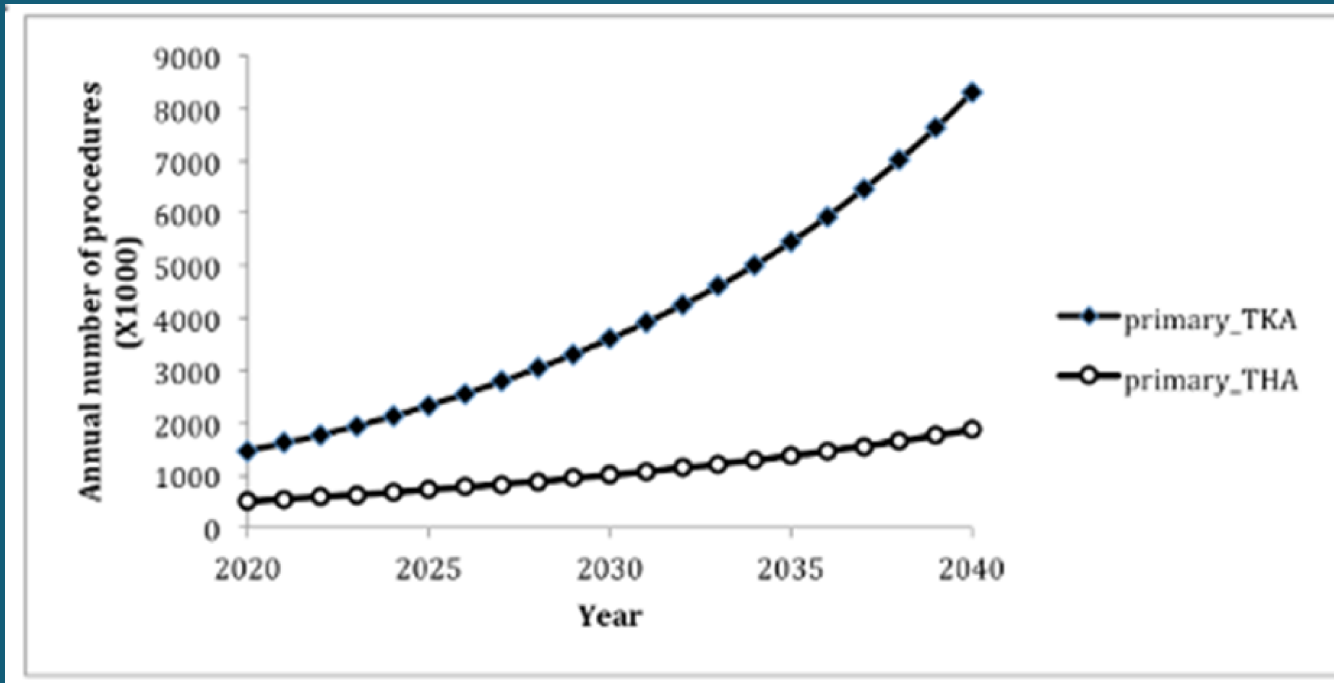
Why do we care about Osteoarthritis?

- OA is the most common cause of disability, causing pain and limitations in activities.¹
- The prevalence of OA in the US is expected to increase to nearly 67 million people in 2030.²
- In people 65 years of age and older, the risk of disability due to knee OA is greater than disability due to any other medical condition³.

The probability of developing symptomatic hip OA over one's lifetime is 25%⁴



Joint replacement surgery is increasing at an alarming rate



By 2030, joint replacements in the U.S. will increase 174% for hips and 673% for knees.⁵

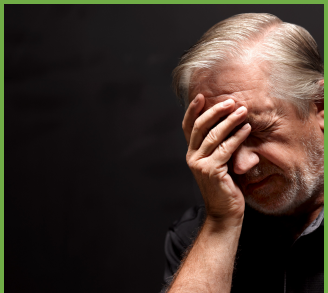
The cost range for Knee Replacement Surgery in the Boston-Worcester Area is
\$18,000-\$53,000

* Study by Blue Cross and Blue Shield Association in collaboration with Blue Health Intelligence and based on claims from independent Blue Cross companies, including Blue Cross & Blue Shield of Rhode Island.

Surgery may not be the best solution



The Osteoarthritis Initiative concluded that 34% of TKR performed were deemed “inappropriate”.⁶



15-20% of patients are not satisfied with results following a knee replacement.⁷



What the evidence shows

- Exercise therapy and patient education can reduce the need for THR by 44% in patients with hip OA.⁸
- Physical activity prescribed by a physical therapist can improve physical function in patients with OA by 50% after 5 weeks.⁹
- Manual therapy¹⁰ and dry needling¹¹ both provide short-term benefits in reducing pain and improving function in patients with knee and hip OA.

A comparison of comprehensive conservative management vs. surgical management resulted in an average savings of \$9,551.10 per patient over a 2-year period.¹²

The Performance Joint Solution

“Osteoarthritis is a chronic disease that requires a long-term approach to care. We must support patients as they develop habits to minimize pain and optimize their ability to function and enjoy life. The ‘quick-fix’, traditional, episodic approach to care does not work.”

Michelle Collie PT, DPT, MS, OCS
CEO Performance Physical Therapy



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Access to a Physical Therapist

- One-on-one physical therapy in the clinic AND via telehealth, to assess and manage, communicate and coordinate care.



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In-Clinic Access to Care

- Individualized prescribed exercise program
- Manual therapy and dry needling when indicated to minimize pain and optimize mobility
- Aquatic therapy & anti-gravity treadmill as alternatives to complement progression when weight bearing is limited due to pain

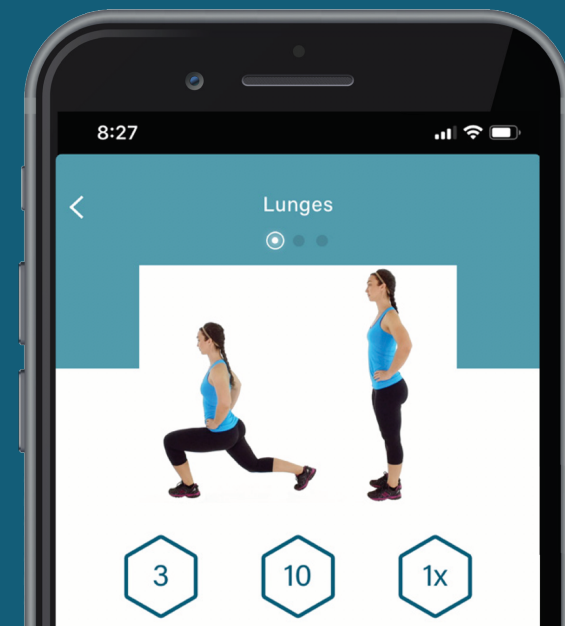


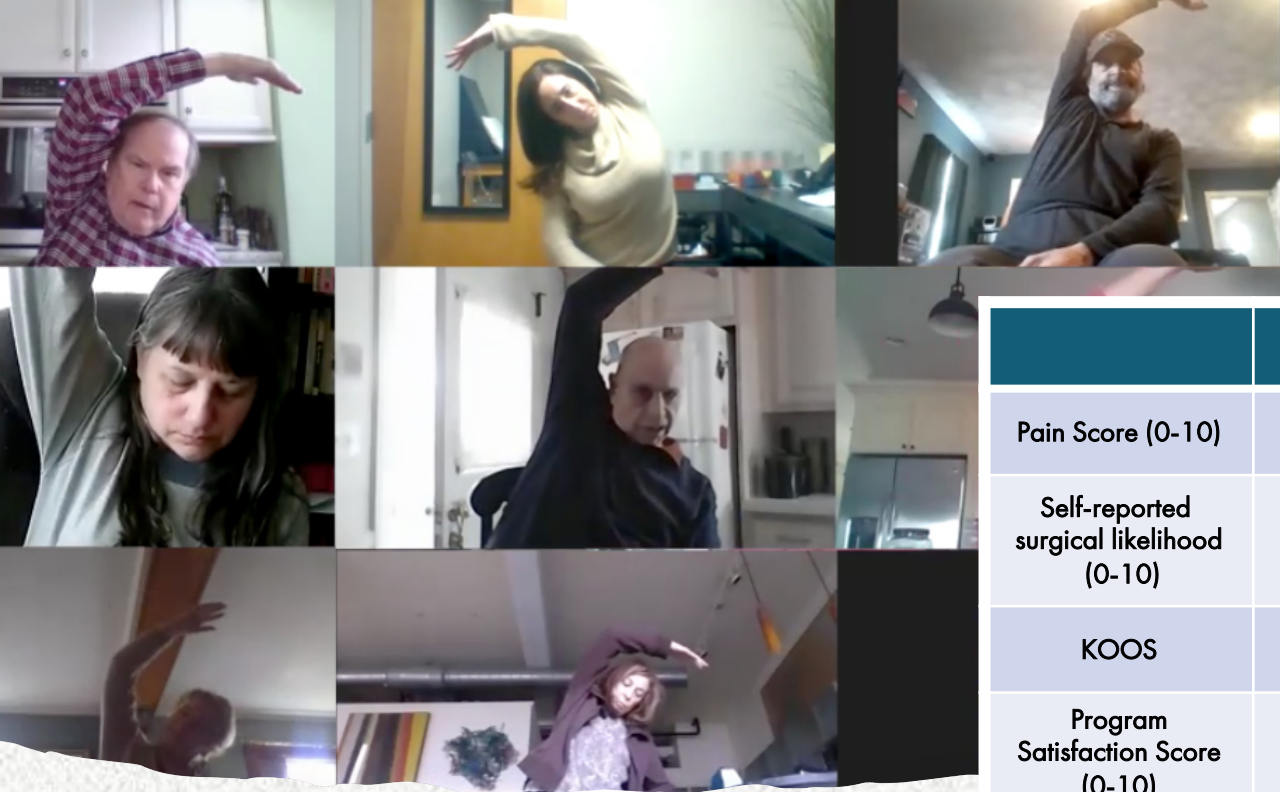
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Virtual Access to Care

From the comfort of one's home or office:

- Synchronous (live) [Exercise is Medicine](#) classes
- Asynchronous (prerecorded) exercise programs
- App with individualized exercise program, monitored and updated by the physical therapist





Exercise Is Medicine

	1/5/2020	2/10/2020	3/8/2020	4/9/2020	5/5/2020	6/2/2020
Pain Score (0-10)	8	6	7	5	3	3
Self-reported surgical likelihood (0-10)	7	2	1	1	1	1
KOOS	35%	43%	56%	60%	67%	76%
Program Satisfaction Score (0-10)	8	9	9	9	10	10

Access over 6 months+



- Ongoing telehealth patient management, progression, education, coaching, and assessment over extended time frame.
- Ongoing access to synchronous and asynchronous 'Exercise is Medicine' classes and app-based exercise program.



The Performance Joint Solution

- An evidence-based approach focusing on patient outcomes and the delivery of cost-effective care.
- A long-term solution to a chronic disease.
- Physical Therapy (both in-clinic and virtual) is covered by insurance companies.*

*plan benefit design may vary, resulting in a cost sharing for patients

Goals of the Program

Decrease patients' desire for surgery by at least 25%

- Within 4 weeks: reduce pain, increase mobility and function, each by minimally clinically important differences.
- Decrease number of patients desiring and seeking joint replacements or other invasive procedures for OA by 25%.
- Ensure communication and coordination of care between the PCP and the Physical Therapists.
- Promote long-term changes in behavior of patients to reduce further risk of chronic diseases that can be impacted with movement.



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