

Treat pain more effectively with virtual physical therapy

Virtual physical therapy is on the rise
because it works.

As employees demand virtual care at higher rates than ever before,¹ employers must embrace solutions that are evidence-based and effective.² Here are six reasons why virtual physical therapy is better for treating pain.



6 Reasons

why virtual physical therapy is better for treating pain

1.

**Virtual physical therapy
—when delivered
by licensed physical
therapists—is as effective
as in-person care**

Many employers wonder how physical therapy can take place without touch. When it's delivered by licensed physical therapists (PTs), virtual physical therapy actually improves adherence,³ decreases pain,⁴ and improves patient satisfaction over traditional approaches.⁵ Studies suggest that virtual physical therapy diagnoses and treatments are just as effective as those delivered in face-to-face therapy.^{6,7,8} A systematic review of 11 research studies found virtual

diagnosis to have excellent reliability, validity, and technical feasibility for musculoskeletal (MSK) issues.⁹ Compared to in-person physical therapy, Omada for Musculoskeletal (MSK) members are 4X more likely to adhere to and finish their treatment plans, which leads to better clinical outcomes. In fact, 98% of Omada for MSK members show improvement in their area of concern¹⁰—and 98% of members are highly satisfied with their virtual physical therapy experience.¹¹

2.

Virtual physical therapy is more cost-effective

U.S. employers lose an estimated \$61.2 billion per year to lost productivity from common pain conditions among active workers.¹² Virtual physical therapy helps patients feel better faster—improving absenteeism and reducing lost workdays. From providing education and awareness about prevention to mitigating expensive procedures, early physical therapy intervention leads to a roughly 50% reduction in MSK spend that is largely driven by reduced prescriptions, specialists, and procedures.¹³ At Omada for MSK, 93% of members who expressed intent to have surgery, injections or MRIs, or take prescription pain medications before starting treatment say that they no longer need additional care after treatment with an Omada for MSK virtual PT.¹⁴

The High Cost
of Pain Conditions

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3.

Virtual physical therapy provides diagnosis
and treatment within 24 hours

Omada for MSK rapidly puts an on-demand physical therapy clinic into the hands of members—whenever and wherever they go. Thanks to a nationwide primary care network integration, patients receive seamless access to PT diagnosis and treatment within 24 hours. While patients of traditional physical therapy clinics wait an average of 65 days before starting treatment, 88% of Omada for MSK members have finished their treatment by that time.¹⁵ Patients who access physical therapy early in their recovery experience better clinical outcomes, are less likely to need opioids to manage pain, and need fewer costly imaging, injections, or surgeries.^{16, 17}

Virtual Care and Physical Therapy

40%

of employees met their Omada
for MSK virtual physical therapist
within 24 hours of signing up
for care

100%

of Omada for MSK patients
scheduled their first
appointment within 48 hours
of signing up for care

In contrast

65

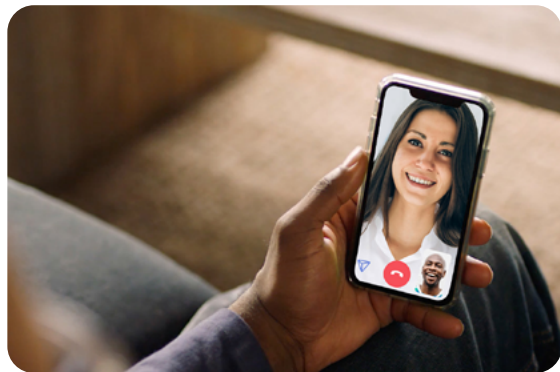
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4.

Virtual physical therapy provides personalized, dedicated support



At first glance, it's easy to assume that face-to-face interactions inspire the strongest relationships between patients and PTs. However, research shows that the success of patient-provider relationships depends more on provider empathy,¹⁸ active listening,¹⁹ rigorous training,²⁰ and a deep understanding of the patient's values, lifestyle, and behaviors.²¹ Omada for MSK grants members rapid access to convenient, immersive, personalized care from one dedicated PT, who they can message or video-chat with limitlessly.

Virtual physical therapy is not only convenient for members; it also offers PTs a window into patients' lives. As Omada for MSK members video-chat with their PT from the comfort of their home or even on-the-go, our providers gain a deeper understanding of each member's life—the ergonomics of their at-home office, the stairs and obstacles they navigate, the spaces and resources they have available for daily exercise. As a result, treatments are much more deeply embedded in members' everyday lives, which inspires better adherence to treatment plans and a faster road to recovery.²² What's more, when virtual physical therapy is delivered by one specially trained and licensed PT, the frustrating communication and coordination challenges that plague traditional MSK care²³ are greatly alleviated.

5.

Virtual physical therapy demands a new standard of excellence

Since our founding, Omada for MSK has known the most effective virtual musculoskeletal care can only be delivered by licensed physical therapists. While competitors used health coaches and care coordinators to launch virtual physical therapy programs, we committed ourselves to rigorously recruiting, hiring, and training the best licensed PTs across the nation, using state-of-the-art training in remote diagnostic and treatment techniques. The process was not easy. But it resulted in significant clinical outcomes and ROI for our customers.





6.

Virtual physical therapy, powered by Computer Vision, enables a dynamic member experience

Virtual physical therapy—with a licensed PT and curated digital touchpoints—transforms the member experience. The Omada for MSK platform empowers members with the most accurate assessments of member form and progress through Computer Vision tools and a customized EHR data platform. This technology helps determine interactive, guided treatments, delivering 3D exercise animations for members to follow for accurate form and progress, customized in-app

education, prescribed therapeutic activity (ice/heat/posture), and a host of other tools to help them return to activity safely. Omada for MSK members experience seamless support integrated directly into their lifestyles, with no time lost in waiting rooms or commuting to appointments.

As employers race to meet growing demands for virtual physical therapy, it's important to choose the right solution from the start.

Are you prepared to improve your MSK care?

Learn how Omada can reduce MSK costs and support pain-free lives with virtual physical therapy. Contact your Omada Benefits Advisor.

[Schedule a demo](#)

About Omada for MSK

Omada for MSK’s innovative program for managing MSK conditions offers quick and easy access to a top-tier physical therapist who can diagnose and start treatment in 24 hours using only a smartphone - no fancy gadgets required.



References

1

<https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality#>.

2

<https://hbr.org/2020/06/u-s-health-care-is-in-flux-heres-what-employers-should-do>.

3

Gialanella B, Ettori T, Faustini S, et al. Home-Based Telemedicine in Patients with Chronic Neck Pain. American Journal of Physical Medicine & Rehabilitation. 2017;96:327-332.

4

Ibid.

5

https://physera.com/assets/physera_activision_blizzard_claims_based_cohort_study.7f4862cf.pdf.

6

<https://www.ncbi.nlm.nih.gov/pubmed/28825026>.

7

Bring A, Åsenlöf P, Söderlund A, et al. What Is The Comparative Effectiveness Of Current Standard Treatment, Against An Individually Tailored Behavioural Programme Delivered Either On The Internet Or Face-To-Face For People With Acute Whiplash Associated Disorder?: A Randomized Controlled Trial. International Journal of Behavioral Medicine. 2016;23:S187.

8

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4637917/>.

9

<https://pubmed.ncbi.nlm.nih.gov/27036879/>.

10

Based on post-program surveys of 675 Physera patient episodes conducted between 1/1/2020 and 7/1/2020.

11

https://physera.com/assets/physera_activision_blizzard_claims_based_cohort_study.7f4862cf.pdf.

12

Stewart, Walter F., Judith A. Ricci, Elsbeth Chee, David Morganstein, and Richard Lipton. 2003. "Lost Productive Time and Cost due to Common Pain Conditions in the US Workforce." JAMA: The Journal of the American Medical Association 290 (18): 2443–54.

13

Ibid.

14

Ibid.

15

https://physera.com/assets/physera_activision_blizzard_claims_based_cohort_study.7f4862cf.pdf.

16

Horn, Maggie E., and Julie M. Fritz. 2018. "Timing of Physical Therapy Consultation on 1-Year Healthcare Utilization and Costs in Patients Seeking Care for Neck Pain: A Retrospective Cohort." BMC Health Services Research 18 (1): 887.

17

Sun, Eric, Jasmin Moshfegh, Chris A. Rishel, Chad E. Cook, Adam P. Goode, and Steven Z. George. 2018. "Association of Early Physical Therapy With LongTerm Opioid Use Among Opioid-Naive Patients With Musculoskeletal Pain." JAMA Network Open 1 (8): e185909.

18

Jackson PL, Eugene F, et al. Improving Empathy in the Care of Pain Patients. AJOB Neuroscience: The Social Brain. 2015; 6(3): 25-33. <https://doi-org.proxy.libraries.uc.edu/10.1080/21507740.2015.1047053>.

19

Pennebaker, J. W. (2000). Telling stories: The health benefits of narrative. Literature and Medicine, 19(1), 3–18. doi:10.1353/lm.2000.0011.

20

Jo Erwin, Kenneth Chance-Larsen, Michael Backhouse, Anthony D Woolf, Exploring what patients with musculoskeletal conditions want from first point-of-contact health practitioners, Rheumatology Advances in Practice, Volume 4, Issue 1, 2020, rkz048, <https://doi.org/10.1093/rap/rkz048>.

21

Chaitoff A, Sun B, et al. Associations Between Physician Empathy, Physician Characteristics, and Standardized Measures of Patient Experience. Academic Medicine. 2017; 92(10):1464–1471. doi: 10.1097/ACM.00000000000001671.

22

https://physera.com/assets/physera_activision_blizzard_claims_based_cohort_study.7f4862cf.pdf.

23

Penney LS, Ritenbaugh C, Elder C, Schneider J, Deyo RA, DeBar LL. Primary care physicians, acupuncture and chiropractic clinicians, and chronic pain patients: a qualitative analysis of communication and care coordination patterns. BMC Complement Altern Med. 2016;16:30. Published 2016 Jan 25. doi:10.1186/s12906-016-1005-4.