

For Physical Therapists only:

The Connecticut Quality Management and Practice (QM&P) Committee is seeking information regarding the impact of direct access in your setting. Please take a moment to complete this questionnaire. This information will be used to refine our new direct access law. All information will remain confidential.

Please circle or fill in answers and provide comments where appropriate.

1. Number of years of practice in physical therapy _____
2. What year did you first receive your entry level degree in physical therapy? _____
3. Education:
Do you have a certificate in physical therapy? Yes No
Do you have a Bachelors degree in physical therapy? Yes No
Do you have a Masters degree in physical therapy? Yes No
Do you have a doctorate degree in physical therapy? Yes No
4. What other degrees/ certifications do you have? _____

5. Under what venue(s) of care are you employed? Circle all that apply. Identify percentages of hours worked.

Acute _____% Outpatient _____% Skilled Nursing/ Sub-acute _____%

Rehab _____% Homecare _____% Pediatrics _____%

Other _____% (please describe)
6. In which of the indicated settings do you direct access? Identify in percentages.

Acute _____% Outpatient _____% Skilled Nursing/ Sub-acute _____%

Rehab _____% Homecare _____% Pediatrics _____%

Other _____% (please describe)
7. How many individual patients have you treated without a physician referral (direct access) in the last 6 months? _____
8. What percentage of your total patient census was treated without a physician referral within the last 6 months? _____

0-5% 6-10% 10-15% other _____%

9. In the last 6 months, how many patients have you referred to a physician due to the 6-visit or 30 day rule? _____

10. How many of your patients have received reimbursement from third party payors under direct access? _____

Comments:

11. Have you perform Grade V spinal manipulation on patients since the passage of the direct access bill? Yes No

12. Would it have been helpful for you to be able to refer a patient for diagnostic imaging? Yes No

Comments:

13. Has anything hampered your ability to utilize direct access? Please check any that apply

- 6 visit or 30 day rule
- Reimbursement
- Other: _____

14. Are you and APTA member? Yes No

General Comments about Direct Access:

Date Completed: _____

Please return to: Quality Management & Practice Committee
Connecticut Physical Therapy Association
15 North River Road
Tolland, CT 06084
Fax: 860-656-9069

Please return by September 28, 2007.