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Letter to the Editor

On "Physical Therapists in Primary Care in the United States: An Overview of Current Practice Models and Implementation Strategies" O'Bright K, Peterson S. *Phys Ther*. 2024;104(12):pzae123. https://doi.org/10.1093/ptj/pzae123

We read with great interest the article by O'Bright and Peterson on the integration of physical therapists in primary care models within the United States.[1] Their comprehensive analysis highlights innovative approaches to incorporating physical therapists into primary care to meet the growing demand for accessible rehabilitation services. The integration strategies they discuss resonate deeply with challenges faced globally, including in Italy, where efforts to strengthen primary care are gradually gaining momentum.

The authors present well-established models, such as the First Contact Practitioner and triage-based systems, which empower physical therapists to serve as frontline providers addressing the needs of chronic and aging populations. However, Italy lags in adopting similar approaches. In this context, physical therapy within primary care remains fragmented and underexplored. The health care system is still heavily reliant on a medical-specialist-based paradigm, which often delays timely and appropriate access to physical therapists interventions. Recent initiatives, including the National Recovery and Resilience Plan (Piano Nazionale di Ripresa e Resilienza—PNRR), have introduced structural innovations such as community houses (Case della Comunità), which integrate multidisciplinary teams into primary care. While these facilities provide an ideal platform for embedding physical therapist services, recent research in the Metropolitan City of Milan highlights that physical therapist services remain underimplemented at present.[2]

One pioneering initiative, the Community Physiotherapist model, demonstrates the feasibility of on-call physical therapist services integrated into multidisciplinary teams.[3] This model ensures timely and effective interventions for patients referred to physical therapists by general practitioners (GPs) or medical specialists in primary care. Notably, it improves patient satisfaction, expedites care delivery, and supports caregiver education.[4] Despite these promising outcomes, legislative constraints continue to hinder implementation, limiting physical therapist roles to "executive" tasks under the supervision of physiatrists and thereby reducing the feasibility of fully integrating physical therapist interventions into the primary care system.

The parallels between the successful strategies described by O'Bright and Peterson and Italy's ongoing efforts are striking. Their discussion of advanced models, such as the United Kingdom's First Contact Practitioner and Sweden's triage systems, highlights how empowering physical therapists as primary care providers can reduce dependency on general practitioners, enhance diagnostic precision, and streamline care pathways.[5] Italy has the potential to draw valuable lessons from these systems while addressing its own unique challenges, such as regional disparities and the lack of standardized care delivery models.

A key insight from international experiences is that physical therapists in primary care are not intended to replace physicians but to complement their work by managing cases that do not require specialized medical attention. For instance, physical therapists can effectively address musculoskeletal complaints, chronic conditions, and preventive interventions, thereby alleviating the workload of GPs. This allows physicians to focus their time and resources on complex or acute cases that require their expertise, aligning well with the goals of resource optimization and patient-centered care.

Despite encouraging developments, barriers persist, including limited communication pathways among health care professionals, inconsistent patient access, and the absence of standardized care models across regions. Further research is essential to evaluate the cost-effectiveness and scalability of integrating physical therapists into primary care settings. Comparative studies between international and Italian practices could inform best practices and identify opportunities for cross-contextual learning, ultimately adapting organizational and legislative frameworks to the evolving needs of populations and communities.

Another issue highlighted in O'Bright and Peterson's article is the specific skills required for physical therapists to work in primary care, underscoring the need to address differences in basic and advanced training programs across countries. For instance, the bachelor's degree program in Italy is shorter than in other countries, necessitating the development of advanced training courses to prepare physical therapists for roles in primary care.

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Physical therapists represent a vital resource for addressing primary care needs through prevention, functional recovery, and patient education. Italy's Community Physiotherapist model offers a promising blueprint for overcoming systemic inefficiencies. By adopting international insights and leveraging local innovations, such as community houses, Italy has the opportunity to transform primary care delivery. Achieving this transformation will require legislative reform, enhanced interprofessional collaboration, and targeted investments in physical therapist training programs to align with expanded roles in primary care.

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