

## **Title: Pelvic Health Care in Tennessee: A Survey Analysis of Physical Therapy Provider Preparedness**

**Background:** The Optimizing Postpartum Outcomes Act (H.R.2480) may increase demand for pelvic health physical therapy (PHPT), crucial for postpartum recovery and preventing pelvic floor dysfunction (PFD) projected to affect 43.8 million US women by 2050.

**Purpose:** This study aimed to assess the current capacity of Tennessee's physical therapy providers to meet the growing demand for PFD care.

**Methodology:** This study employed a cross-sectional survey design to investigate the current capacity of Tennessee's physical therapy providers. Data were collected from licensed providers in Tennessee via an online survey, encompassing questions on demographics, experience, education, caseload, confidence levels, and insurance acceptance.

**Results:** Providers from 30 of Tennessee's 95 counties participated, with the majority (57%) located in Middle Tennessee, followed by East Tennessee (31%) and West Tennessee (12%).

Regarding PHPT education and training, 35% of providers completed Herman and Wallace courses, 18% relied on self-learning, and 12% participated in courses through the American Physical Therapy Association (APTA). 39% of those providing PHPT had less than 5 years of experience.

Caseload variation was significant among providers currently treating PFD. While 21% treated PFD in over 50% of their caseload, 18% reported treating PFD in less than 10%. Notably, 48% of participants do not currently provide pelvic health physical therapy in their practice.

Provider confidence varied significantly by patient gender, with over 40% feeling unconfident treating female PFD compared to 68% unconfident treating male PFD.

While 74% of providers accepted Medicare and commercial insurance, only 52% accepted Medicaid/TennCare, potentially limiting access to care for low-income individuals.

**Conclusion:** Findings suggest a potential shortage of qualified providers to meet the growing demand for Pelvic Floor Dysfunction (PFD) care in Tennessee. Limitations include limited experience, inconsistent education, reliance on self-learning, and significant confidence gaps among providers. Insurance disparities further restrict access for low-income residents.

**Clinical Relevance:** Untreated PFD significantly impacts quality of life throughout the lifespan. To address this, Tennessee must enhance provider education and training, expand access in underserved areas, and ensure fair Medicaid reimbursement for PFD services. These steps can improve PFD care access and potentially position Tennessee as a leader in pelvic health.

