Letters to the Editor


Corrections


The Journal regrets an error in the formula for calculation of continuity of care of the article by Russell et al titled “Continuity in the Provider of Home-Based Physical Therapy Services and Its Implications for Outcomes of Patients” in the February 2012 issue of PTJ. The corrected text and formula (which have been corrected in online versions) are shown below:

The level of continuity of home-based physical therapy services was calculated by use of a formula that models dispersion in contact between the patient and the providers of physical therapy services19,20:

\[ \text{COC} = \frac{\sum_{j=1}^{s} n_j^2 - n}{n(n-1)} \]

where COC is continuity of care, \( n \) is the total number of home visits to a patient, \( n_j \) is the number of home visits to a patient by therapist or therapist assistant \( j \), and \( s \) is the total number of therapists or therapist assistants who provided care.


An incorrect version of the abstract was published in the article by Shoemaker (“Direct Consumer Access to Physical Therapy in Michigan: Challenges to Policy Adoption”) in the February 2012 issue of PTJ. The correct abstract is shown below:

Background. Michigan is 1 of only 4 states that require a physician referral or prescription before a consumer can receive treatment from a physical therapist.

Objective. The purpose of the present analysis was to examine why the most recent attempts to pass direct access legislation in Michigan failed.

Methods. The Policy Analysis Triangle approach, which considers the relevant actors, processes, and context in which a policy must be considered, was used to analyze legislative efforts to attain direct access in Michigan during the 2001–2002, 2003–2004, and 2005–2006 legislative sessions. Data sources included Michigan House and Senate legislative analyses, literature review, stakeholder position statements, political action committee contributions, and expert opinion.

Results. Three successive direct access legislative attempts failed despite an increasing body of evidence supporting direct access and an increasing number of states allowing direct access. Proponents represented a relatively small number of individuals with limited political influence. Opponents represented a larger number of individuals who were able to exert greater political influence through large political action committee contributions and through physician legislators in positions of power who had influence over the bills’ dispositions.

Conclusions. Several prominent contextual and process-related barriers to policy adoption must be overcome in future attempts at direct access based on the findings from this analysis: (1) a limited constituency supporting direct access with regard to number of individuals and their political influence, (2) a perception that only the physician can independently diagnose and treat patient problems, and (3) legislators in positions of power who oppose a bill.

The Journal regrets the error.