

Physical Therapy

Claims Data Snapshot

2025



Introduction

This publication contains an analysis of aggregated data from clinically coded cases opened between 2014-2023 in which Physical Therapy is identified as the primary responsible service.

Keep in mind...

A clinically coded malpractice case can have more than one responsible service, but the “primary responsible service” is the specialty that is deemed to be most responsible for the resulting patient outcome.

Our data system, and analysis, rolls all claims/suits related to an individual patient event into one case for coding purposes. Therefore, a case may be made up of one or more individual claims/suits and multiple defendant types such as hospital, physician, and other healthcare professionals.

Cases that involve attorney representations at depositions, State Board actions, and general liability cases are not included.

This analysis is designed to provide insured doctors, healthcare professionals, hospitals, health systems, and associated risk management staff with detailed case data to assist them in purposefully focusing their risk management and patient safety efforts.

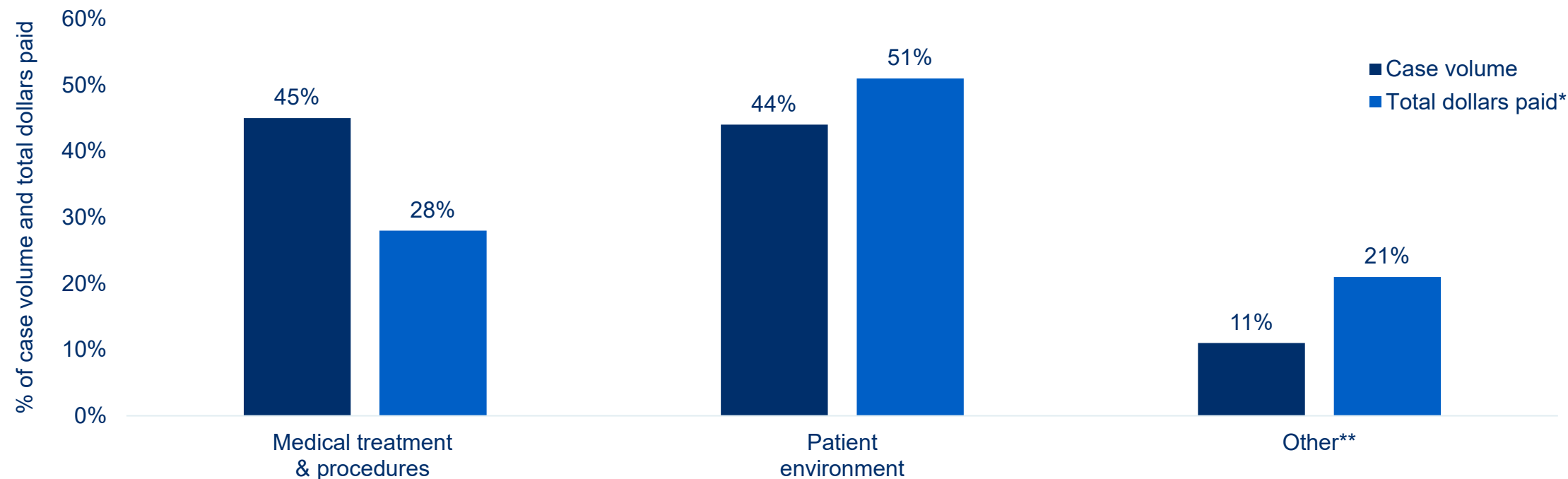
Key Points - Clinically Coded Data

INTRODUCTION | **KEY POINTS** | GENERAL DATA ANALYSIS | CONTRIBUTING FACTORS | FOCUSED DATA ANALYSIS | RISK MITIGATION

- Medical treatment/procedure-based cases account for 45% of Physical Therapy case volumes. Therapeutic procedural performance drives two-thirds of those.
- Patient environment cases, accounting for 44% of case volume, reflect patient falls and other safety issues encountered during the provision of therapy services. Patient environment cases in general note failures to follow policy/protocol, suboptimal communication between the physical therapist and patients/families (i.e. about expected outcomes, therapy details), equipment-related issues, and inadequate patient monitoring during therapy.
- Contributing factors, which are multi-layered issues or failures in the process of care that appear to have contributed to the patient's outcome, and/or to the initiation of the case, provide valuable insight into risk mitigation opportunities. Administrative issues, including non-adherence to policy/protocol and inadequate staff training, technique-based issues, supervision, and team communication failures, are key drivers of clinical Physical Therapy case severity.

Major Allegations & Financial Severity

Each case reflects one major allegation category. Categories are designed to enable the grouping and analysis of similar cases and to drive focused risk mitigation efforts. The coding taxonomy includes detailed allegation sub-categories; insight into these is noted later in this report.

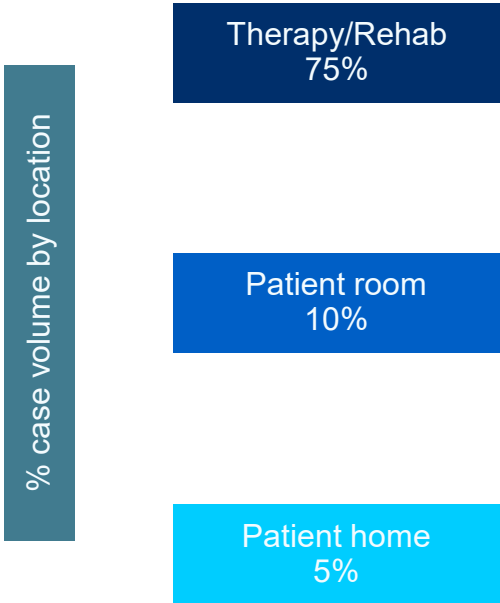


MedPro Group + MLMIC cases opened 2014-2023, Physical Therapy as responsible service (N=243); *Total dollars paid = expense + indemnity; **Other includes allegations for which no significant case volume exists

Clinical Severity* & Most Common Locations

INTRODUCTION | KEY POINTS | GENERAL DATA ANALYSIS | CONTRIBUTING FACTORS | FOCUSED DATA ANALYSIS | RISK MITIGATION

Clinical severity* categories	Sub-categories	% of case volume	Definitions
LOW	Emotional Injury Only	9%	Mental distress or suffering that is generally temporary; includes HIPAA violations, discrimination, involuntary stay
	Temporary Insignificant Injury		Lacerations, contusions, minor scars, rash; no delay in recovery
MEDIUM	Temporary Minor Injury	74%	Infection, fracture set improperly or a fall in the facility, where recovery is complete but delayed
	Temporary Major Injury		Burns, drug side effect; recovery delayed
	Permanent Minor Injury		Loss of fingers or loss or damage to organs; includes non-disabling injuries
HIGH	Significant Permanent Injury	17%	Deafness, loss of limb, loss of eye or loss of one kidney or lung
	Major Permanent Injury		Paraplegia, blindness, loss of two limbs or brain damage
	Grave Injury		Quadriplegia, severe brain damage, life-long care or fatal prognosis
	Death		Death
		2%	% of cases resulting in patient death



Despite best intentions, processes designed for safe patient outcomes can, and do, fail.

Contributing factors are multi-layered issues or failures in the process of care that appear to have contributed to the patient's outcome, and/or to the initiation of the case, or had a significant impact on case resolution.

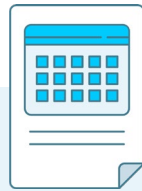
Multiple factors are identified in each case because generally, there is not just one issue that leads to these cases, but rather a combination of issues.



Administrative



Behavior-related



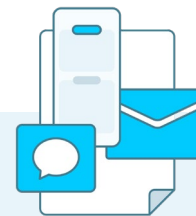
Clinical environment



Clinical judgment



Clinical systems



Communication



Documentation



Supervision



Technical skill

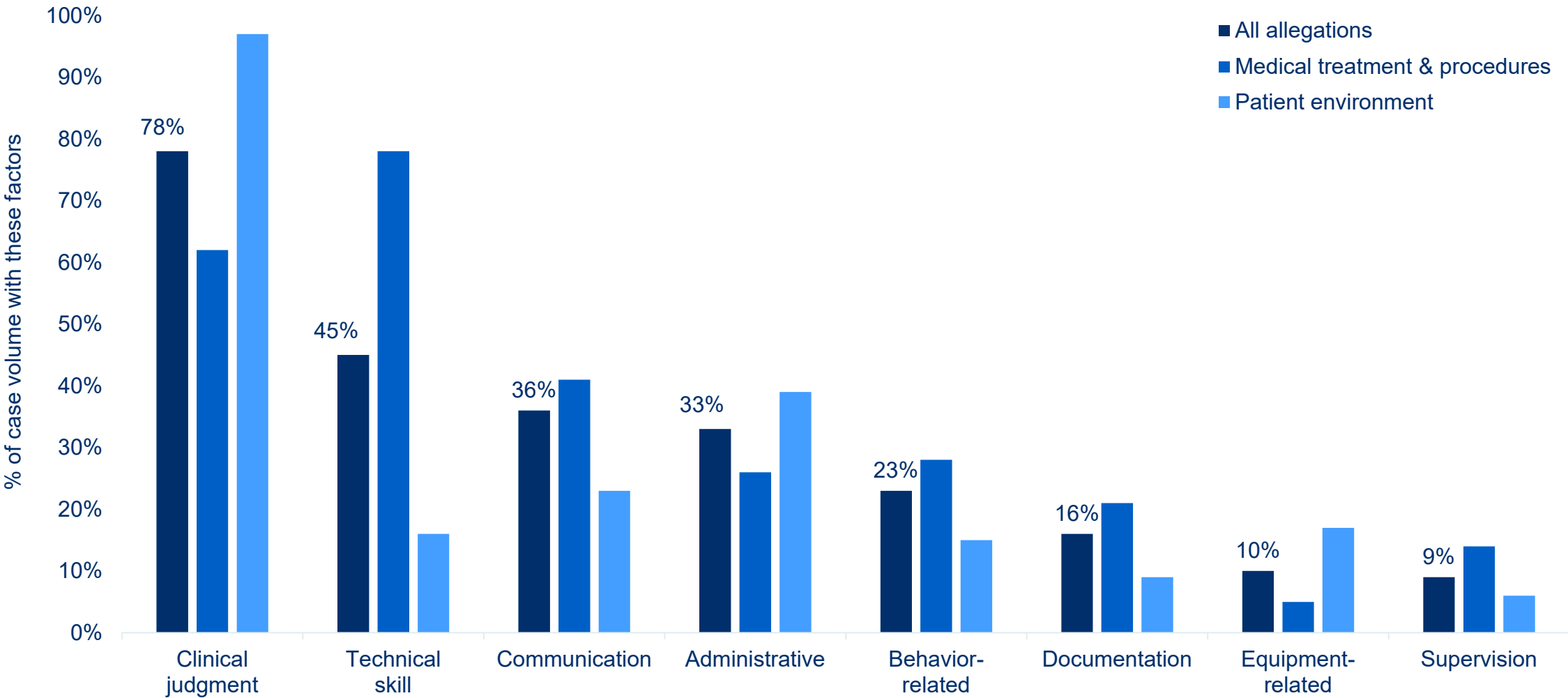
Contributing Factor Category Definitions

INTRODUCTION | KEY POINTS | GENERAL DATA ANALYSIS | **CONTRIBUTING FACTORS** | FOCUSED DATA ANALYSIS | RISK MITIGATION

Administrative	Factors related to reporting of adverse events, adequacy of staffing, staff education/training, ethics, failure to follow and/or need for policy/protocols
Behavior-related	Factors related to patient nonadherence to treatment or behavior that offsets care; also, provider behavior including breach of confidentiality or sexual misconduct
Clinical environment	Factors related to workflow, physical conditions and “off-hours” conditions (weekends/holidays/nights)
Clinical judgment	Factors related to patient assessment, diagnostic decision-making, selection and management of therapy, patient monitoring, failure/delay in obtaining a consult, failure to ensure patient safety (falls, burns, etc.), choice of practice setting, failure to question/follow an order, practice beyond scope
Clinical systems	Factors related to coordination of care, failure/delay in ordering test, reporting findings, follow-up systems, patient identification, specimen handling, nosocomial infections
Communication	Factors related to communication among providers, between patient/family and providers, via electronic communication (texting, email, etc.), and telehealth/tele-radiology
Documentation	Factors related to mechanics, insufficiency, content
Equipment	Factors related to failure to maintain/inspect equipment/materials, malfunctioning equipment
Supervision	Factors related to supervision of nursing, house staff, advanced practice clinicians
Technical skill	Factors related to improper use of equipment, medication errors, retained foreign bodies, technical performance of procedures

Most Common Contributing Factor Categories by Allegation

INTRODUCTION | KEY POINTS | GENERAL DATA ANALYSIS | CONTRIBUTING FACTORS | FOCUSED DATA ANALYSIS | RISK MITIGATION



MedPro Group + MLMIC cases opened 2014-2023, Physical Therapy as responsible service (N=243); More than one factor per case, therefore totals >100%

Focus on Most Common Drivers of Clinical Severity

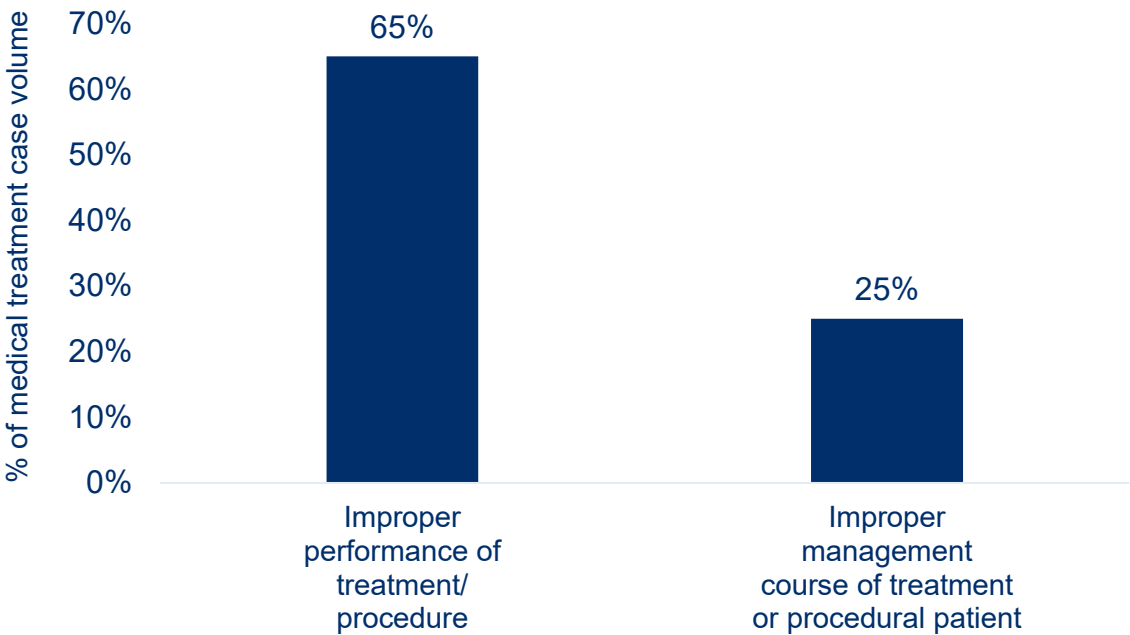
INTRODUCTION | KEY POINTS | GENERAL DATA ANALYSIS | CONTRIBUTING FACTORS | FOCUSED DATA ANALYSIS | RISK MITIGATION



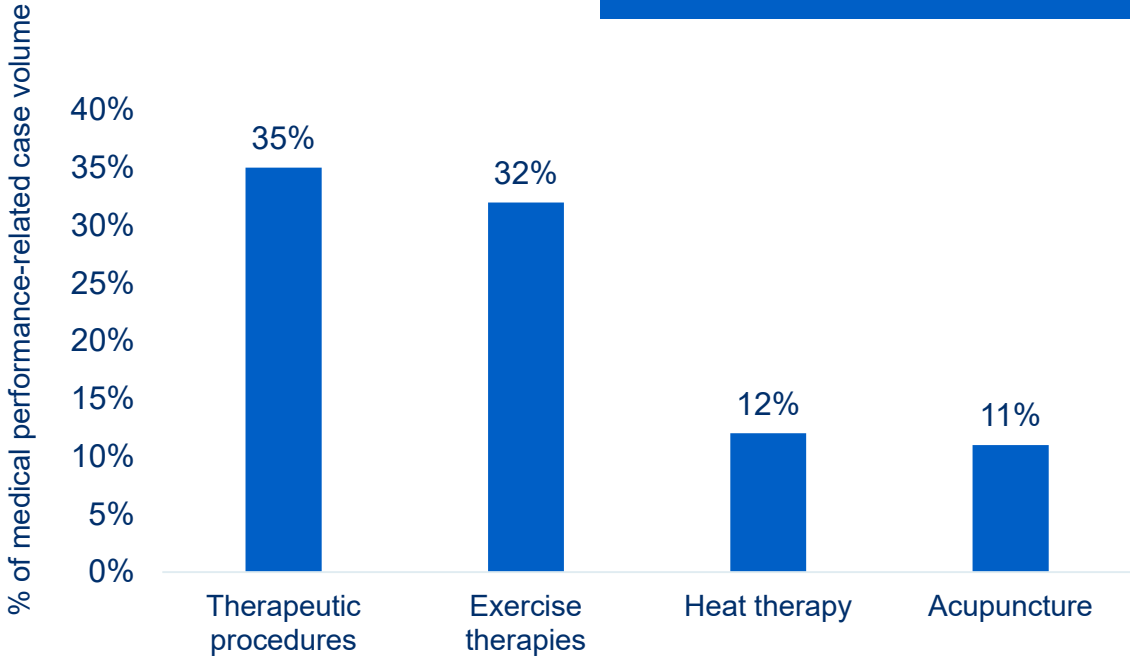
Administrative issues, including non-adherence to policy/protocol and inadequate staff training, technique-based issues, supervision, and team communication failures, are key drivers of clinical Physical Therapy case severity.

Focus on Medical Treatment Allegations

Top allegation details

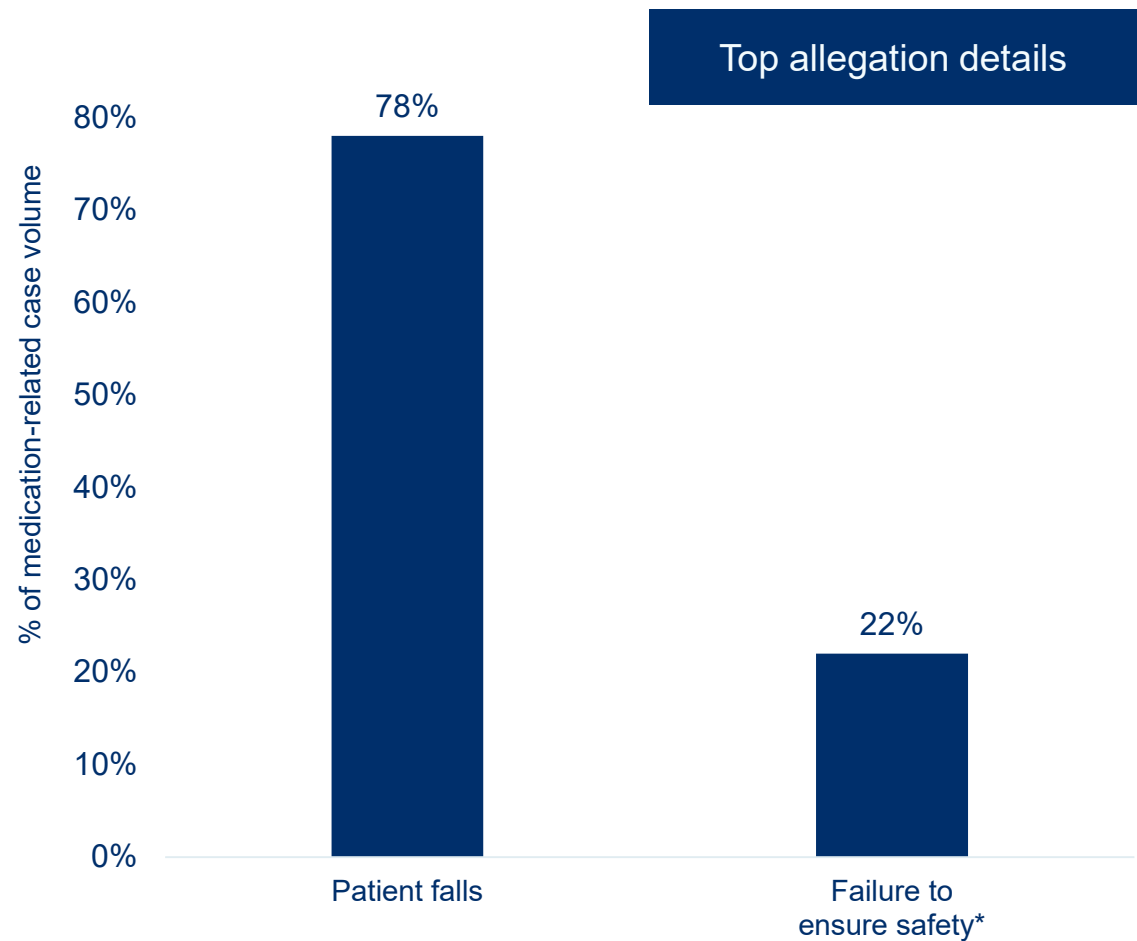


Top procedures involved



Procedural performance cases can be impacted by delayed recognition of complications, while management cases most often reflect issues with selection of the most appropriate course of treatment for the patient, and appreciating and reconciling symptoms and test results.

Focus on Patient Environment Allegations



*Cases involving 'failure to ensure safety' reflect scenarios such as aggravation of existing injuries during therapy, burns sustained during muscle/nerve stimulator therapy, equipment malfunctions/collapse, and improper patient transfers.

Patient environment cases in general reflect failures to follow policy/protocol, suboptimal communication between the physical therapist and patients/families (i.e. about expected outcomes, therapy details), equipment-related issues, and inadequate patient monitoring during therapy.

Risk Mitigation Strategies

INTRODUCTION | KEY POINTS | GENERAL DATA ANALYSIS | CONTRIBUTING FACTORS | FOCUSED DATA ANALYSIS | RISK MITIGATION

- **Conduct an appropriate and thorough assessment of the patient.**
 - Understand patient complaints and concerns.
 - Update and review medical and family history at every visit to ensure the best decision-making.
 - Be alert to high-risk diagnoses, such as cancer, cardiac disease, stroke and infections.
 - Maintain problem lists.
- **Communicate with each other.**
 - Focus on care coordination if other specialties are involved, including next steps and determining who is responsible for the patient.
 - Give thorough and clear patient instructions.
- **Engage patients as active participants in their care.**
 - Consider the patient's health literacy and other comprehension barriers.
 - Recognize that patient satisfaction with treatment outcomes can be influenced by a thorough informed consent and education process.
- **Document.**
 - Timely document thorough, objective information about the results of patient assessments, education of the patient/family about treatment plans - including medication regimens, and any instances of patient nonadherence.
 - Thorough, consistent documentation in the chart enhances communication between providers and provides a supportive framework for defense of any subsequent malpractice case.
- **Review office processes for test tracking, consults/referrals, appointment setting, and managing patient nonadherence.**
- **Know (and adhere to) your supervision responsibility for advanced practice providers.**

MedPro Group & MLMIC Data

MedPro and MLMIC are partnered with Candello, a national medical malpractice data collaborative and division of CRICO, the medical malpractice insurer for the Harvard-affiliated medical institutions.

Derived from the essence of the word candela, a unit of luminous intensity that emits a clear direction, Candello's best-in-class taxonomy, data, and tools provide unique insights into the clinical and financial risks that lead to harm and loss.

Using Candello's sophisticated coding taxonomy to code claims data, MedPro and MLMIC are better able to highlight the critical intersection between quality and patient safety and provide insights into minimizing losses and improving outcomes.

Leveraging our extensive claims data, we help our insureds stay aware of risk trends by specialty and across a variety of practice settings. Data analyses examine allegations and contributing factors, including human factors and healthcare system flaws that result in patient harm. Insight gained from claims data analyses also allows us to develop targeted programs and tools to help our insureds minimize risk.



This document does not constitute legal or medical advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions. MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and may differ among companies. © 2025 MedPro Group Inc. All rights reserved.

TERMS, CONDITIONS AND DISCLAIMER The presented information is for general purposes only and should not be construed as medical or legal advice. The presented information is not comprehensive and does not cover all possible factual circumstances. Please contact your attorney or other professional advisors for any questions related to legal, medical, or professional obligations, the applicable state or federal laws, or other professional questions. If you are a MLMIC insured, you may contact May-Skinner Law Group at 1-855-325-7529 for any policy related questions. MLMIC Insurance Company does not warrant the presented information, nor will it be responsible for damages arising out of or in connection with the presented information.