INTEGRATIVE PAIN SCIENCE INSTITUTE

MENTAL HEALTH PHYSICAL THERAPY: RECOMMENDED GUIDELINES FOR PRACTICE, POLICY, AND PAYMENT

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Table of Contents

Executive Summary…….. 4

Introduction……... 5

The Growing Need for the Mental Health Physical Therapist……. 6

The Role of the Physical Therapist in Integrative Primary Care…… 7

The Role of the Physical Therapist in Screening & Differential Diagnosis…… 8

Innovative Models Guiding Mental Health Physical Therapist Practice…… 9

Research on Mental Health Factors in Physical Therapist Practice…….. 12

Best Practices and Success Stories……. 12

Clinical Intervention Strategies for the Mental Health Physical Therapist…….. 13

Policy, Education, and System-Level Reforms……. 23

Payment for Mental Health Physical Therapy……. 26

Collaborative and System-Level Considerations……. 28

Actionable Recommendations & Future Directions…… 30

Training Resources for Physical Therapists……. 33

References……..... 34

Executive Summary

The Integrative Pain Science Institute (IPSI) has developed this white paper to address an urgent healthcare need: integrating mental health into physical therapist practice. As physical health and mental health conditions increasingly co-occur and contribute to global disability, physical therapists (PTs) are ideally positioned to deliver whole-person care. However, gaps in training, policy, and payment may limit their ability to manage mental and behavioral health conditions for individuals and populations. This paper defines *Mental Health Physical Therapy (MHPT)* as a distinct area of practice where PTs screen for, directly treat, manage, or co-manage mental and behavioral health conditions using evidence-based interventions to treat pain, functioning, disability, health, and well-being. The integration of mental health skills in physical therapist practice upholds the vision of the American Physical Therapy Association (APTA) to transform society by optimizing the human experience.

Introduction

Who We Are

The IPSI is a leader in advancing whole-person, evidence-based care for individuals living with chronic pain and mental health conditions. As a continuing education provider that engages in evidence-based research, IPSI equips PTs with knowledge and clinical skills to manage pain, mental, and behavioral health within the scope of physical therapist practice. Our interdisciplinary writing team includes clinicians, educators, researchers, and health policy advocates who are pioneering a new era in physical therapist practice that recognizes mental health as essential to physical health and well-being.

Our Audience

This white paper is written for PTs, PTAs, educators, researchers, policymakers, insurers, and healthcare system stakeholders who are navigating the intersection of mental and physical healthcare delivery. As the need for accessible, affordable, and equitable mental and behavioral health services grows, PTs are uniquely positioned to play a critical role in prevention, early detection, and treatment. Expanded training, scope clarification, and payment pathways enable PTs to deliver high-quality, individualized care to both individuals and communities.

Why This Paper

This paper has two aims. The first is to provide practical, evidence-based, and actionable guidelines that support PTs in directly managing behavioral and mental health conditions. The second is a call to action to update curriculum design, clinical training, legislative advocacy, and payment reform, ensuring that mental and behavioral health is no longer siloed but fully assimilated into physical therapist practice.

Organization of the Paper

This white paper is organized in a systematic and accessible manner to guide a diverse audience of clinicians, educators, policymakers, and health system leaders through the rationale, evidence base, and practical steps of mental health physical therapist practice. It begins with an executive summary and introduction to orient the reader, followed by thematic chapters that move from foundational concepts (e.g., the biopsychosocial model and workforce need) to evidence-informed models (e.g., Pain Recovery and Integrative Systems Model [PRISM], Health-Focused Physical Therapy Model [HFPTM]), clinical tools**,** and interventions (e.g., exercise, low-intensity psychotherapies). Later sections shift to policy, payment, and education reform**,** culminating in actionable recommendations that are both visionary and grounded in practical, real-world application.

Special Thanks

We extend our deepest gratitude to the experts who contributed their time, expertise, and feedback to this document. Their insights have helped shape a visionary and practical framework for transforming care so that all patients, regardless of diagnosis or setting, receive holistic support for both body and mind.

The Growing Need for the Mental Health Physical Therapist

The history of physical therapist practice dates back to 1914, rooted in the understanding that physical and mental health are interconnected components of overall health and well-being.[1] During World War I, "reconstruction aides"—the earliest PTs— were tasked with the comprehensive rehabilitation of wounded soldiers. They addressed not only physical injuries but also the broader challenges of restoring function and facilitating a soldier's return to meaningful activities while suffering from "battle neurosis," now recognized as Post-Traumatic Stress Disorder (PTSD).[2] This early awareness of the mind-body connection laid the groundwork for a profession inherently focused on whole-person care. The emergence of the mental health physical therapist reflects an evolution of these foundational principles, now informed by decades of research, advances in Doctor of Physical Therapy education, and clinical innovation. The economic value of physical therapy helps Americans live better lives. It saves the health care system millions of dollars annually, ultimately providing more resources for better services to individuals and communities.[3,4]

Contemporary PTs embrace a biopsychosocial (BPS) approach in the assessment, prevention, and treatment of disease for individuals and communities.[5] This approach acknowledges that psychological, emotional, social, and behavioral factors all play a role in the experience of pain, functioning, disability, health, and well-being. The BPS model guides PTs to move beyond somatic reductionism and the traditional mind-body divide. Instead, it promotes a personalized and integrative clinical perspective. This approach aligns with the World Health Organization's (WHO) holistic definition of health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."[6] The American Physical Therapy Association (APTA) affirms the profession's role in assessing and addressing BPS aspects of care, stating that "*physical, behavioral, and mental health are inseparably interconnected with overall health and well-being. It is within the professional scope of PT practice to screen for and address behavioral and mental health conditions…"* (HOD P06-20-40-10).[7]

There are several practical reasons for PTs to address mental and behavioral health conditions. Four out of five individuals with mental health conditions have a comorbid physical condition.[8] Worldwide, depression is the leading cause of disability, with a global prevalence of 280 million.[6] Evidence reflects close associations and shared risk factors between depression and cardiovascular disease, cancer, and respiratory disease.[6] People with depression also experience higher rates of somatic symptoms, musculoskeletal pain, sedentary behaviors, obesity, hyperglycemia, metabolic syndrome, diabetes, and disability.[9,10] This is likely a result of bidirectional associations between depression and anxiety in heightening symptoms of physical discomfort, pain, and physical limitations, increasing the risk of mental health conditions.[11] In addition, there are shared etiological, environmental, psychological, and biological factors that contribute to both mental and physical health.[11] Of further note, adults with disabilities have higher rates of mental distress (32.9%) than their non-disabled peers (7.2%).[12] Mental health impairments are associated with adverse health behaviors, chronic health conditions, functional limitations, and higher healthcare utilization.[12] Additionally, within physical therapist practice, mental health impacts patient engagement, motivation, and treatment outcomes.[8] Treatment concordance improves when PTs integrate and address psychosocial factors in a patient's plan of care.[13] In addition, PTs frequently encounter patients with mental health conditions. According to one practice survey, 41% of PTs in general practice reported daily encounters with patients

who had comorbid mental health conditions, while 76% reported weekly encounters.[14] A cross-sectional survey of 338 Australian PTs found that 52.1% had annual encounters with patients who reported suicidal ideation.[15] Given the high degree of overlap between physical, mental, and behavioral health, PTs are uniquely positioned to contribute to integrative primary care models that address the whole person.

The Role of the Physical Therapist in Integrative Primary Care

In the United States of America (USA), 122 million people live in a designated mental health provider shortage area.[16] In addition, the USA is projected to face a shortage of 17,800 to 48,000 primary care physicians by 2034.[17] Physician and mental health provider shortages, along with the mental health and noncommunicable disease burden, have resulted in a growing demand for primary care services. Patients with physical and functional impairments have been especially affected by these challenges. PTs are well-suited to meet patient needs in primary care settings by working alongside other primary health care team members.[5] PTs have direct access in all 50 states. Patients can be evaluated and treated by a PT without first needing a referral from another health service provider. Federally, PTs may practice in a primary care capacity in the United States Department of Defense (DoD) and United States Department of Veterans Affairs (VA). Army PTs have safely and responsibly prescribed certain medications for decades.[18] Utah PTs are recognized as primary care providers for neuromusculoskeletal conditions. Montana PTs are included in the definition of "treating physician" under the state's workers' compensation system. Seventeen states have granted PTs the right to order imaging. PTs regularly engage in prescription opioid medication management practices with their patients[19] and routinely practice psychologically-informed care.[20,21] Indeed, PTs are actively filling gaps in the prevention and management of common health conditions seen in primary care settings.[17]

To effectively serve as primary care providers, PTs must be empowered to practice at the top of their scope in all federal and state jurisdictions.[22] In patients with the two most common mental health conditions, depression and anxiety, integrating mental health into primary care enhances outcomes and lowers overall costs of care.[23] Given the physician and mental health provider shortages and increasing burden in primary care in the USA, research demonstrates that the integration of a PT in a primary care team can improve patient access to care, optimize care navigation, and reduce the overall cost of care for patients with physical and functional needs.[17] The APTA affirms that *"PTs possess clinical expertise in the prevention and management of common health conditions seen in primary care settings"* (HOD P07-24-05-07).[24] Further training in assessing and addressing psychosocial factors will enhance the capacity of PTs to serve in primary care.[25,101]

Some PTs may be apprehensive about in-depth counseling on psychosocial aspects, but the impact of therapeutic alliance in physical therapist care improves outcomes.[26] The trust and rapport cultivated during physical therapist care enhance the likelihood of patient disclosure, particularly for PTs trained to recognize signs of psychological distress.[15] This is important because mental distress and mental health conditions are more prevalent among people with disabilities, females, older adults, racial and ethnic minorities, veterans, people who are unemployed, members of the LGBTQIA+ community, and those with lower educational and financial attainment.[12,27] Structural racism also contributes to physical and mental health

disparities due to inequities in housing, education, employment, healthcare, and legal policies and procedures.[28] Underserved and marginalized populations may continue to experience greater vulnerabilities to physical and mental health conditions unless providers, including PTs, consistently address social determinants of health.[29] Many groups who experience health inequities have unmet needs due to stigma and anticipated bias.[30] Among Blacks and other racial-ethnic minorities, this is exacerbated by pervasive mistrust of the healthcare system.[30] PTs can address unmet needs in marginalized populations through culturally competent care, accessible services, targeted prevention, community-based support, and routine screening for mental health conditions.[31]

The growing burden of mental and behavioral health conditions, often comorbid with physical health issues, demonstrates a clear need for PTs to address psychological and social determinants of health. These realities underscore the urgent need to integrate mental health into physical therapist practice, not only to improve outcomes but also to redefine the PT's role as a frontline provider in addressing physical, mental, and behavioral health through screening, differential diagnosis, and whole-person care.

The Role of the Mental Health Physical Therapist in Screening & Differential Diagnosis

While mental health problems can surface through the patient interview process, publicly available patient outcome measures (PROMS) exist that can help reveal and differentiate stress, anxiety, depression, PTSD, and substance use. Since stress is associated with mental and behavioral health conditions,[32,33] PTs may ask patients to complete a stress survey first. The Perceived Stress Scale (PSS) is a reliable and valid 10-item survey that measures stress.[34–37] Scores ranging from 0 to 13 would suggest low stress, while scores from 14 to 26 are considered moderate stress. High perceived stress is a score between 27 and 40. Moderate to high scores should prompt the PT to administer either the General Anxiety Scale-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9), or both.[36] The decision to administer either or both scales may be based on the symptoms observed or found during the initial examination. The GAD-7 is a reliable and valid 7-item scale that assesses anxiety. Scores are interpreted as: 0 – 4 = minimal anxiety; 5 – 9 = mild severity; 10 – 14 = moderate severity; 15 – 21 = severe anxiety.[38,39] A score of 8 or higher suggests generalized anxiety disorder and warrants a referral to a mental health provider.[40] The 9-item PHQ-9 is a reliable and valid scale to assess depression. PTs should interpret the total score as follows: 0-4 = no depression; 5-9 = mild depression; 10-14 = moderate depression; 15-19 = moderately severe depression; and 20 or greater severe depression.[40,41] The PT should consider repeating the test and initiating a stress management program if the score indicates mild depression, but should consider referring to and co-managing with a mental health provider if the PHQ score is 10 or greater.[42] The PHQ-9 also has a question that screens for suicide risk. If a patient's response is 1 or higher on this question, further testing by a trained professional is critical.[42] The Columbia Suicide Severity Rating Scale may provide more guidance on an individual's suicide risk.[43] PTs may also use multidimensional psychological measures that identify various psychosocial factors that impact care, such as the Optimal Screening for Prediction of Referral and Outcome-Yellow Flag (OSPRO-YF).[44]

Innovative Models Guiding Mental Health Physical Therapist Practice

Evidence-based models and frameworks guide the PT's clinical decision-making process when working with a patient with a physical, mental, or behavioral health condition.[45] Innovative models include the PRISM,[46] HFPTM,[47] Integrative Health Model,[48] Whole Person Care Model,[49] and the Stepped Care Model.[48] These models promote collaboration between the PT and the patient with a focus on how biopsychosocial factors influence pain, functioning, disability, health, and well-being. Both the PRISM and the HFPTM guide PTs to directly treat and manage the mental and behavioral health needs of individuals.

PRISM: A Model for Managing Pain and Mental Health

The PRISM[46] is a process-based, cognitive-behavioral approach designed for physical therapist practice at the intersection of pain management and mental health care (Figure 1). PRISM addresses the multidimensional lived experience shaped by biological, psychological, social, and contextual factors. Rather than focusing solely on pain reduction, PRISM emphasizes building resilience, nurturing growth, and fostering adaptive functioning and participation.

Unlike traditional pathology-centered frameworks, the PRISM orients care toward change processes that facilitate positive adaptation. Drawing on empirically supported level 1 biopsychosocial mechanisms, the PRISM supports recovery through six interrelated domains, each encompassing therapeutic processes essential to building resilience.

1. Person Context
Acknowledging pain's intersection with life circumstances and social determinants of health, this domain emphasizes personalized care. Processes here include individual factors, peer collective, and addressing social determinants of health.

2. Purpose
Recognizing that pain can disrupt meaning and life direction, the PRISM promotes restoration of purpose through meaning-making, values-based action, and identity and autonomy.

3. Pain Literacy
To counter fear and stigma, the PRISM enhances understanding of pain's multidimensional nature via beliefs, safety learning, and empowerment.

4. Pain Mindset
Moving beyond pathoanatomical narratives, this domain fosters a flexible, adaptive orientation toward pain by enhancing motivation, psychological flexibility, and behavioral activation.

5. Physical Capacity
Physical resilience is addressed at the person-level by improving functional abilities via resolving impairments, therapeutic movement, and embodiment.

6. Physiology
Pain modulation occurs via physical activity, optimal nutrition, and the circadian rhythm.

Together, these domains and processes offer a transdiagnostic approach. The PRISM promotes pain recovery not only as symptom reduction but as regaining purpose, agency, and social participation. As a resilience-based model, the PRISM aligns with global pain and mental health strategies, emphasizing integrative health and psychological interventions. It positions PTs as key providers in whole-person care, thereby supporting mental health. The PRISM is both evidence-based and adaptable, offering PTs a practical and humanistic framework that can transform traditional pain and mental health care toward empowerment, recovery, and thriving.

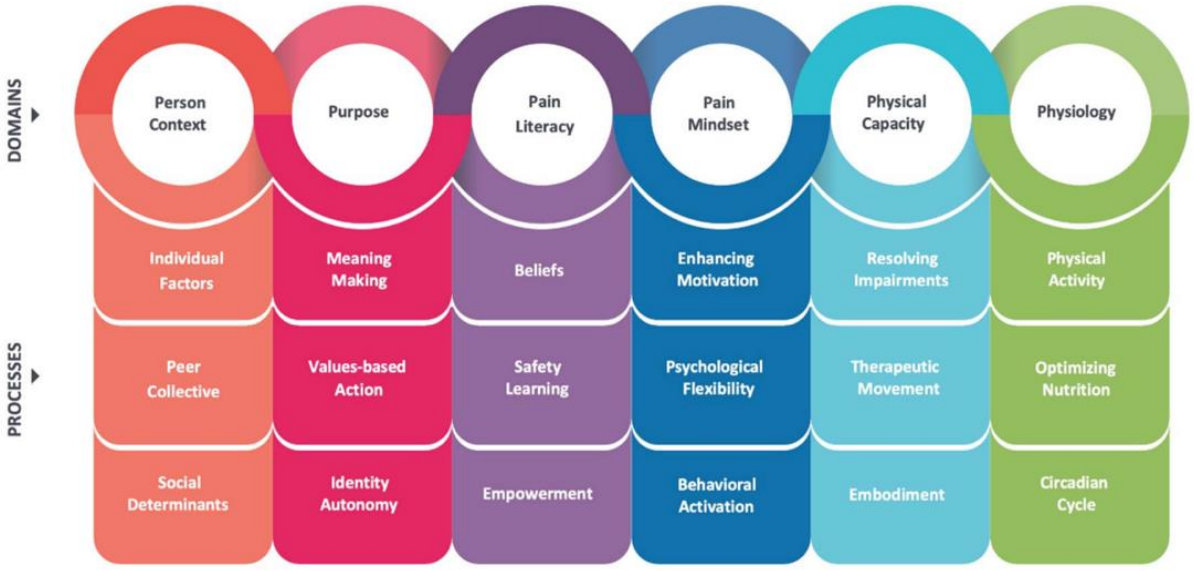

Figure 1: (PRISM) Pain Recovery and Integrative Systems Model

HFPTM: A Health-Focused Behavior Change Model

The HFPTM provides PTs with a framework to screen for and address health behaviors known to improve physical, mental, and behavioral health. It is patient-focused and considers behavior, individual factors, and environmental factors (Figure 2). The HFPTM has five constructs with related activities for each construct that guide patient care.[47]

1. Perform a Needs Analysis for Performance of Health-Focused Care
   Prepares the PT to explore the prevalence of mental health needs in the clinic, learn about mental health physical therapy, gather screening tools and resources to provide mental health interventions, create a consultancy network with mental health providers, and establish an ongoing program evaluation.

2. Determine the Patient's Need for Lifestyle Behavior Change
   Concerns screening patients for stress and related mental health conditions using valid and reliable measurements like the PSS.

3. Collaborate with the Patient about Lifestyle Behavior Change Needs
   Involves counselling techniques like motivational interviewing. During this collaboration, the patient and the PT determine whether the patient would benefit from change and is ready to change. Regardless of the decision, each determination requires intervention.

4. Provide Lifestyle Behavior Change Intervention
   Support lifestyle behavior change by offering interventions like stress and pain relief, nutrition, physical activity, low-intensity cognitive-behavioral techniques, or referring to a mental health provider for co-management.[48]

5. Assess Lifestyle Behavior Change Outcomes
   Encourages PTs to maintain a database on treatment results, including patient satisfaction. This enables PTs to make evidence-based decisions regarding future delivery of mental health physical therapy.

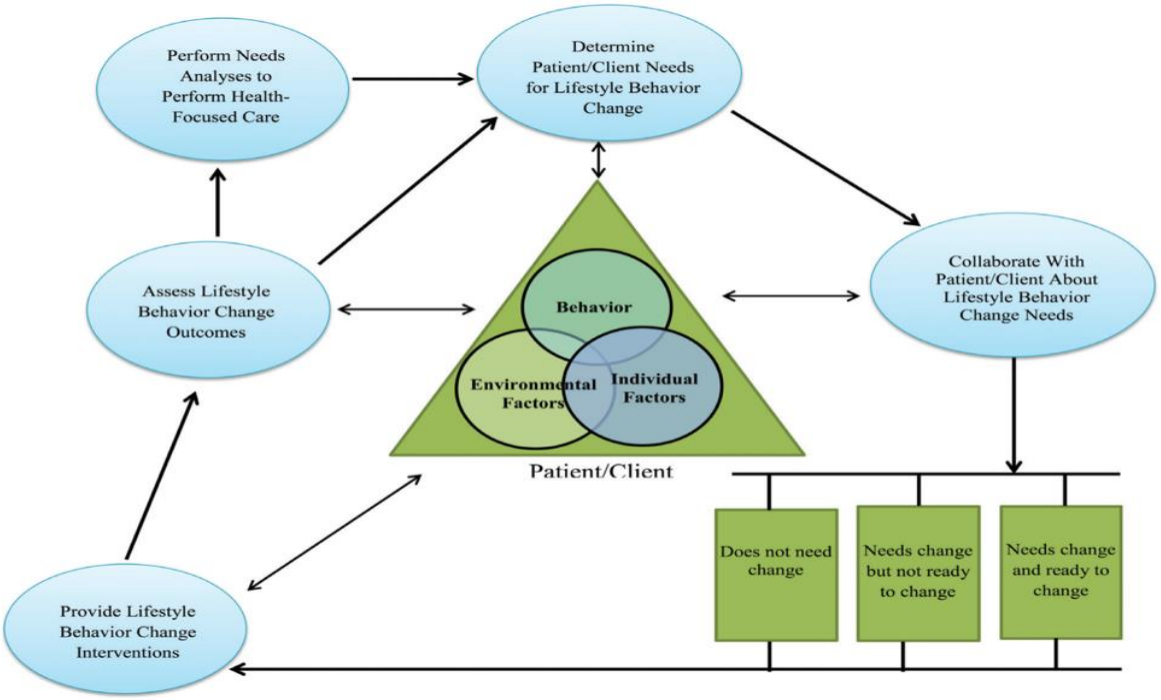

Figure 2: Health Focused Physical Therapy Model

Research on Mental Health Factors in Physical Therapist Practice

Mental health factors play a critical role in physical therapist practice. A 2022 scoping review by Heyward and colleagues highlights the intersection of mental and physical health in physical therapy outcomes.[8] They emphasize that addressing mental health conditions alongside physical therapist care can significantly enhance recovery. The prevalence and impact of mental health disorders, and their co-occurrence with physical health, have increased in recent years, elevating their importance in the healthcare arena [50,51] Furthermore, challenges to mental health can significantly limit progress during physical therapist care. Research underscores the importance of psychological factors, such as motivation and coping mechanisms, in achieving successful recovery.[52] Concomitantly, there is an alarming shortage of mental health professionals in the United States.[53]

PTs work in a wide variety of settings, many with a mental health focus. Evidence suggests that certain PTs may lack confidence in providing care for individuals with mental health conditions.[54,55] Similarly, PTs use biopsychosocial approaches (e.g., cognitive behavioral techniques).[56] Experts have expressed concern that the narrow focus of these approaches may be inadequate to address complex mental health conditions.[57] In 2018, Stubbs and Rosenbaum identified high priorities for future research concerning the intersection of mental health and physical therapy, including models of care, the integration of PTs into mental health teams, economic evaluations, and the translation of research into practice.[58]

Best Practices and Success Stories

Research and expert opinion[8,59] regarding integrating mental health into physical therapist care point to a list of best practices. These include *taking a holistic approach* to care and recognizing the significant influence of mental health on physical therapist care and recovery, *and recognizing mental health challenges* in all patients. This may include routine mental health assessment (e.g., interview questions, screening tools, tests, and measures), prescribing exercise, mind-body techniques, and following up on patient mental health needs through direct intervention or co-management with mental health providers. Additionally, *incorporating mind-body techniques* (e.g., yoga, tai chi, and breathing exercises) into treatment plans promotes positive physical responses, emotional regulation, reduced stress, and mindfulness. *Adopting a patient-centered communication approach* allows the PT to acknowledge emotional struggles and encourage open, honest dialogue. This type of communication helps patients feel heard and supported, leading them to fully engage in their rehabilitation program. *Utilizing cognitive-behavioral physical therapy* in clinical practice involves identification of negative thought patterns, learning effective coping strategies for managing emotional distress, engaging in meaningful physical activities, and adopting an improved perception of pain and disability. Finally, *a multimodal approach* to address both physical and psychological aspects of care is a documented best practice.[60]

A successful case series published in the *Journal of Physical Therapy in Mental Health* demonstrates this approach. Three people with chronic pain received a multi-modal intervention called Pain Resilience Therapy.[61] Individuals were evaluated for physical and psychological factors that contribute to pain using the OSPRO-YF. The intervention focused on building pain resilience; a secondary target was to decrease vulnerability. Physical, cognitive, behavioral, and lifestyle interventions were utilized. After 8-12 sessions, all patients demonstrated a significant

reduction in pain intensity and increased pain resilience (cognitive-affective positivity or behavioral perseverance) measured by the Pain Resilience Scale (PRS), Pain Self-Efficacy Questionnaire (PSEQ), Chronic Pain Acceptance Questionnaire (CPAQ), and Self-Efficacy for Rehabilitation (SER). Pain interference improved (PROMIS®) with associated improvements in activity, sleep, mood, and stress measured by the Defense and Veterans Pain Rating Scale (DVPRS 2.0). Measures related to vulnerability (negative mood, fear avoidance, pain catastrophizing, kinesiophobia, depression, anxiety) also improved. The PRT intervention was safely delivered, and patients reported their health as very much improved, measured by the Patient Global Impression of Change (PGIC) survey. These findings suggest that addressing both physical and psychological factors is an important clinical strategy.

Clinical Intervention Strategies for the Mental Health Physical Therapist

Physical Approaches

While people with mental and behavioral health conditions have lower levels of physical activity, evidence demonstrates the effectiveness of exercise in improving mental health outcomes.[10] Regular exercise modulates the functioning of the hypothalamus-pituitary-adrenal (HPA) axis.[62] Additional benefits include secretion of endogenous opioids and endocannabinoids, which are associated with pleasure, reduced anxiety, decreased pain sensitivity, and lower systemic inflammation.[62] Exercise can also help mitigate some of the physical side-effects associated with antipsychotic medication, such as weight gain, hyperlipidemia, and metabolic syndrome.[62] The psychological benefits of exercise, such as reduced depression and anxiety and improved self-efficacy, likely arise from the dynamic interplay between neurophysiological, behavioral, and social mechanisms. Several interrelated pathways have been proposed, suggesting exercise is a reliable way to address mental health[63] and mental illness.[64,65]

The International Organization of Physiotherapy in Mental Health (IOPTMH) and the Centers for Disease Control and Prevention (CDC)[66] generally recommend at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity aerobic activity per week, along with muscle-strengthening activities twice a week, for adults to improve both physical and mental health.[66] This can be achieved in bouts of 10 minutes spread across the day. Adherence to guidelines for physical activity is strongly associated with both the prevention and improvement of mental health conditions. It is important to note that lower levels of physical activity have been shown to confer mental health benefits, and exercise prescription should be tailored to the individual.[67]

Exercise is recognized by some physicians and mental health providers as an option for treating mental health conditions.[68] Despite this recognition, a relatively small proportion of primary care providers recommend exercise consistent with national guidelines or refer patients to a PT as an intervention for mental health.[69] Mental health providers report a lack of knowledge in this area, having received no formal training in exercise prescription. Surveys indicate that exercise ranked fifth as the most important treatment.[70] Many mental health providers report barriers, never or occasionally prescribing exercise.[70] PTs have long prescribed exercise programs as an adjunctive treatment and first-line approach to support various mental and behavioral health conditions.[8]

Exercise as a First-line Intervention for Depression and Anxiety

Although there is some controversy over the efficacy, mechanisms, and implementation of exercise for specific mental health conditions,[71] many experts and international health associations recommend exercise as a first-line intervention for mild to moderate depression and anxiety, and as adjunctive treatment with psychotherapy and psychopharmacology[72] for major depressive disorder (MDD). In 2024, the *BMJ* published a landmark systematic review and network meta-analysis of 218 randomized controlled trials, including over 14,000 participants with MDD, indicating that exercise works well in these patients.[73]See Table 1 for key findings from this study.

Table 1. Key Findings of Exercise to Address Depression[73]

	Evidence
Exercise Type	Walking or Jogging: moderate reductions in depressive symptoms (Hedges' g = -0.62; 95% credible interval [CrI]: -0.80 to -0.45) Yoga: moderate symptom reduction (g = -0.55; 95% CrI: -0.73 to -0.36) Strength training: moderate symptom reduction (g = -0.49; 95% CrI: -0.69 to -0.29) Mixed Aerobic Exercise: moderate effectiveness (g = -0.43; 95% CrI: -0.61 to -0.24). Tai Chi or Qigong: moderate symptom reduction (g = -0.42; 95% CrI: -0.65 to -0.21). Dance: data were limited; dance appeared to have large effects compared to other interventions.
Dose-Response Relationship	Antidepressant effects of exercise were found to be proportional to the intensity prescribed. Vigorous activities yielded more significant benefits.
Acceptability and Adherence	Strength training and yoga are the most acceptable modalities, with lower dropout rates compared to other forms of exercise
Comparative Effectiveness	Exercise interventions showed moderate, clinically meaningful reductions in depressive symptoms in comparison to active controls. Exercise in combination with selective serotonin reuptake inhibitors (SSRIs) or psychotherapy provides additional benefits
Gender Differences	Strength training is more effective for women Yoga or qigong has greater efficacy for men

Age Differences	Yoga is beneficial for older adults Strength training has better outcomes in younger individuals.
Comorbidities and Baseline Depression Levels	Exercise is equally effective for individuals with and without comorbidities and across varying baseline levels of depression
Clinical Implications	The inclusion of exercise, particularly walking or jogging, yoga, and strength training, should be core components in the treatment of depression. Physical therapists can tailor exercise prescriptions to individual patient characteristics, preferences, and capabilities.

Effect of Exercise and Physical Therapist Care on Mental/Psychiatric Conditions

Table 2 summarizes evidence from recent systematic reviews and meta-analyses evaluating the effectiveness of exercise and physical therapist care for various mental health conditions. The findings indicate that physical therapist care plays a significant role in reducing the incidence of depression and anxiety and offers promising adjunctive benefits for individuals with PTSD, schizophrenia, and eating disorders. Across these conditions, physical therapist care, from aerobic and strength training to body awareness and relaxation techniques, has demonstrated improvements in psychological symptoms, physical health, and overall quality of life. These results highlight the importance of integrating physical therapist services into interdisciplinary care strategies for mental and behavioral health.

Table 2. Key Findings of Exercise to Address Common Mental and Psychiatric Conditions

Mental or Psychiatric Condition	**Effectiveness**
Physical Activity and Depression and Anxiety Disorders: A Systematic Review of Reviews and Assessment of Causality[74]	Causality determined physical activity is inversely related to incident depression and anxiety. Depression and anxiety are probably causally related to physical inactivity. findings provide empirical support for the consideration of physical activity in strategies for the prevention of mental ill health.
Physical Exercise as Treatment for PTSD: A Systematic Review and Meta-Analysis[75]	Exercise can be an effective addition to PTSD treatment, and greater amounts of exercise may provide more benefits. However, as there were no differences found between exercise type, possibly due to the inclusion of a low number of studies using different methodologies, further research should aim to investigate the optimal type, dose, and duration of activity that are most beneficial to persons with PTSD.

Effects of physical therapy by means of exercise therapy on schizophrenia patients. A systematic review[76]	Exercise therapy, mainly aerobic exercise, benefits patients with schizophrenia as a complement to pharmacological treatment by producing beneficial effects at the physical, cognitive, psychopathological and social levels.
IOMHPT consensus on physical activity within multidisciplinary rehabilitation programs for minimizing cardio-metabolic risk in patients with schizophrenia[64]	The benefits of physical activity as part of a larger lifestyle program are sufficient for the recommendation that persons with schizophrenia follow the 2008 U.S. Department of Health and Human Services PA Guidelines with specific adaptations based on disease and treatment-related adverse effects.
Physical Therapy Interventions in Patients with Anorexia Nervosa: A Systematic Review[77]	Strength training and high intensity resistance improved the muscle strength of patients with anorexia nervosa. In addition, improvements were observed in patients' attitudes towards their bodies after basic body awareness therapy or after full body massage and instruction to relax. In addition, quality of life improved in two studies, with stretching, isometrics, endurance cardiovascular and muscular exercising.
A systematic review of physical therapy interventions for patients with anorexia and bulimia nervosa[78]	Supervised physical therapy may increase weight in anorexia nervosa patients. Aerobic exercise, massage, basic body awareness therapy and yoga might reduce eating pathology in patients with anorexia and bulimia nervosa. Aerobic exercise, yoga and basic body awareness therapy might improve mental and physical quality of life in patients with an eating disorder.

Mindful Movement Interventions

Mindful movement refers to physical activity performed with a present-moment awareness. This includes attention to breath and posture, awareness of sensations and movements as they occur, acceptance of the body's current state without judgment, redirection of focus from pain or distress to neutral or pleasant experiences to regulate emotions. This practice integrates mindfulness principles with physical activity and is often used to promote self-regulation, embodiment, pain relief, and mental well-being.

A substantial body of research has now emerged to explore the mechanisms of mindful movement practices such as yoga, Pilates, Tai Chi, Qigong, Feldenkrais, Alexander Technique, or simply moving with awareness. Yoga[79] and Pilates[80] and other mindful movement practices are regularly utilized by PTs to optimize the interaction between neurophysiological regulation, psychological processes, and behavioral change.[81] These practices represent a viable complementary approach to managing symptoms of stress, anxiety, depression, and PTSD.[82]

Of the mindful movement practices, yoga is emerging as a leading modality to reduce symptoms of common mental health conditions. Several high-quality clinical trials and reviews underscore the therapeutic potential of yoga across a range of mental health symptoms without adverse

events.[69,83] Yoga has broad patient acceptance[83] and many prefer it to other treatment modalities such as cognitive behavioral therapy (CBT).[84] Mindful movement may complement existing mental health treatments and is a flexible, accessible intervention for enhancing mental well-being in both clinical and non-clinical populations. Table 3 illustrates each mental health condition and its corresponding evidence.

Table 3. Yoga and Mental Health Evidence

Mental Health Condition	Evidence
Anxiety	A 2020 randomized clinical trial found a 12-week group treatment with either yoga or CBT was more effective than a stress education control condition.[85]
Depression	Greater reductions in depressive symptoms in people with mental health conditions than waitlist, treatment as usual, and attention control.[86] A 2023 systematic review and meta-analysis found that yoga improves depressive symptoms and anxiety in patients with MDD.[83] Greater reductions in symptoms were associated with a higher frequency of yoga sessions per week.[86]
PTSD	A 2024 systematic review and meta-analysis was associated with significant improvements in PTSD and depression symptoms.[69] Trauma-sensitive yoga (TCTSY), Kundalini, Satyananda, and Holistic yoga were most effective for PTSD.[69]
Stress	A 2024 systematic review and meta-analysis recommended yoga for both short- and long-term stress reduction.[87]

Exercise as a Transdiagnostic Intervention to Improve Mental Health

Despite decades of research linking physical inactivity to chronic disease, its impact on mental health is only now being fully recognized. A 2025 umbrella review in the *Journal of Psychiatric Research* systematically evaluated whether aerobic exercise could serve as a *transdiagnostic* intervention across a range of mental health conditions.[88] The researchers assessed 99 randomized controlled trials, which included over 5,600 participants using the TRANSD criteria for rigor and generalizability of cross-diagnostic treatment effects. Consistent moderate-to-vigorous aerobic exercise, implemented at the frequency of the American College of Sports Medicine (ACSM) guidelines,[89] is an effective intervention for 11 mental disorders spanning four diagnostic spectra: depressive, anxiety, psychotic, and neurodevelopmental conditions.[88] Aerobic exercise results in moderate improvements in core psychiatric symptoms, including depression, anxiety, psychosis, inattention, and hyperactivity. Importantly, aerobic exercise improved cognitive functioning in both schizophrenia-spectrum disorders and ADHD, areas where pharmacological treatments often fall short.[88] While more data are needed for quality of

life and resistance-training effects, the existing evidence strongly supports the use of aerobic exercise as a broad-spectrum, low-cost, and low-risk intervention.

What is striking is the efficiency and scalability of this approach. Mental health services are under immense pressure globally, and exercise is a uniquely translatable intervention. With appropriate guidance and support, aerobic exercise can be delivered in group settings, community programs, or clinical care, with a high potential for adherence and minimal risk of harm.

The underlying mechanisms are multifaceted—ranging from reductions in inflammation and oxidative stress, to influences on the gut-brain axis and the immune system, and increased levels of brain-derived neurotrophic factor (BDNF)—but the clinical implication is straightforward: aerobic exercise works across diagnoses to reduce symptom burden, enhance cognition, and offer individuals a pathway to self-efficacy and improved physical health.[90] This growing body of work should inform public health and clinical guidelines that support lifestyle-related interventions.

Lifestyle Interventions

Evidence exists suggesting that lifestyle interventions, including smoking cessation, nutrition, sleep hygiene, mindful stress management, and social support, can be prescribed to manage mental health conditions.[91] PTs use these interventions to prevent and treat chronic disease.[59,92,93] Table 4 provides more information about these interventions, the evidence to support them, and the benefits they produce.

Table 4. Lifestyle Interventions to Support Individuals with Mental Health Conditions[59,91–93]

Lifestyle Intervention	Importance and Benefits	Implementation Parameters	Evidence
Smoking Cessation	-Smoking cessation can reduce depressive symptoms and the presence of a mental health condition can reduce the efficacy of smoking cessation -Smoking can impact the metabolism of some antidepressant and antipsychotic medications	-Motivational interviewing to identify motivation to stop smoking -Education on physical, mental, social, financial benefits of smoking cessation -Nicotine replacement -Alternative coping strategies -Combine with counseling	-Grade 3/expert opinion

Nutrition/Dietary Interventions	-Adherence to healthy dietary guidelines consistent with decreased risk of mental health conditions -Diets high in ultra-processed foods associated with an increased risk of depressive symptoms	-Adoption of a Mediterranean-style diet or nutrient-dense dietary pattern	-Grade 3/Four RCTs with moderate to large effect sizes
Sleep Hygiene	-Bidirectional relationship between sleep and depression -High incidence of insomnia symptoms in people with major depression -Sleep considered a modifiable risk factor for major depression	-Sleep hygiene, including avoiding going to bed until tired; establishing a consistent sleep schedule and routine; at least 7 hours of sleep per day; reducing screen time, caffeine, and fluid intake before bedtime; practicing relaxation prior to bedtime; keeping place of sleep relaxing, dark, and at a comfortable temperature -Cognitive behavioral therapy for insomnia	-Grade B/One meta-analysis with medium effect size for CBT for insomnia
Mindfulness; Stress Management	-Bidirectional relationship between life stressors and mental health conditions -Mindfulness and stress management build resilience and coping skills to attenuate stress	-Mindfulness activities (meditation, etc.) -Relaxation techniques (autogenic training, guided relaxation training, breathing)	-Mindfulness-based therapies Grade B/One meta-analysis with moderate effect size -Stress management and relaxation techniques Grade B/One meta-analysis

		-Assess and address underlying cause(s) of stress	
Social Support	-Greater loneliness may predict poorer major depression outcomes -Social support includes perceptions of support a person *feels* from others and support *given* to others	-Discuss/explore options for developing positive social connections, role models, peer support, in-person social connections -Educate about healthy use of digital platforms	-Grade 3/expert opinion

Low-intensity Psychological Interventions

PTs are a critical workforce to address the mental health burden. One evidence-based approach used by PTs and recommended by the APTA and the WHO is the provision of low-intensity psychological interventions. This is psychological care delivered by a health provider who is not a licensed mental health provider. Training health providers, such as PTs, in low-intensity psychological interventions is an effective strategy to increase capacity and improve patient outcomes.[94] Most psychological treatments are complex packages, with multiple variants for each mental health condition, and require extensive education to deliver. Significant challenges in implementing complex packages call for a shift toward alternative treatment approaches with a greater public health impact. Low-intensity psychological interventions are *transdiagnostic,*[95–97] meaning they are effective for a range of mental health problems, including depression,[98] anxiety, traumatic stress, substance use,[99] and child/maternal health.[100] Low-intensity psychological interventions include a variety of approaches that can be delivered by a PT.[101,102] See Table 5 for a description of the core psychological interventions.

Low-intensity psychological interventions may involve task-sharing[103] or task-shifting[104] in collaboration with a mental health provider.[105] Task-sharing redistributes mental healthcare responsibilities among different healthcare providers to improve access to care. Task-shifting is a more specific form of task-sharing where certain mental health tasks are delegated from highly trained professionals (e.g., psychiatrists) to less specialized workers (e.g., PTs) to bridge gaps in mental health care delivery.[106] The evidence demonstrates that various providers can effectively and appropriately deliver low-intensity psychological interventions,[107] and may be effective in

supervision to ensure the quality of delivery.[108] As a result, low-intensity psychological interventions are often utilized as part of a stepped care approach, serving as a first line of treatment and allowing the patient to "step up" to a mental health provider to address specific diagnostic or treatment needs. Stepped care interventions maximize resources by providing lower intensity and less costly approaches as a first-line treatment. The shorter or less time-intensive treatments are also more affordable and easier to integrate into primary and community healthcare settings. This approach has demonstrated efficacy and cost-effectiveness in common mental health conditions.[109]

Psychologically-Informed Approaches

PTs developed psychologically-informed approaches (PIA) to address movement impairments, pain-related distress, and mental health conditions.[8,101,102,110] Characterized as a "middle way" between physical therapist practice and mental health practice, PIA integrates patient attitudes, beliefs, and emotional responses with physical care.[111] Applied to patients with mental health conditions, PIA support behavior change, manage stress, and contribute to mental health.

The utility and benefits of PIA have been successfully delivered by PTs for the management of musculoskeletal[102] and mental health conditions.[74] The core active components of these approaches center on pain modulation techniques, pain coping skills, cognitive reappraisal, emotion regulation, behavioral activation, exposure, somatic integration, mindfulness, and healthy lifestyle behaviors. (Table 5) These components are part of entry-level DPT education requirements[112] and within the scope of practice for PTs in primary care[113] and behavioral and mental health.[113] Additional training may be needed to ensure quality, and can be provided at scale through approaches such as digital technologies. The use of digital training in the delivery of PIA may be just as effective as face-to-face training,[105] and digital tools can be used for supervision and quality assurance for the delivery of psychological treatment. Evidence and guidelines support the use of telerehabilitation by PTs to deliver care remotely for both examination and interventions.[114] Digital platforms can be used to track remotely and in real-time the effects of treatment and to support providers in accessing supervision in real-time assistance.

As described earlier, lifestyle-related behaviors, such as physical activity and smoking cessation, are effective interventions for people with mental health disorders[91] and are within the scope of PT practice. Coping with a mental health condition causes stress, and interventions to manage stress, such as mindfulness meditation, autogenic training, guided relaxation imagery, breathing training, and progressive muscle relaxation have Level B evidence supporting their use, indicating they could be added to a plan of care.[91] As with all health-related behaviors, the barrier to practicing these behaviors tends to be conditions unrelated to the behavior itself, such as time and motivation. PIA is indicated to identify the underlying attitudes, beliefs, values, and emotions that can serve as intrinsic motivators and sources of autonomy for adopting and sustaining these health-promoting behaviors. Several communication techniques can be applied under the framework of PIA, such as taking a strengths-based approach, shared decision making, and motivational interviewing.[92,115,116] These techniques can be used by PTs in the context of the physical therapist plan of care.

Psychologically-informed approaches are key skills for the PT to learn and apply to guide patients to adopt healthy behaviors effectively. As such, these skills are useful with all patients to improve mental and physical health and well-being.

Table 5: Psychological Approaches Used by PTs

Approach	Description and Evidence
Low-intensity psychological interventions[117]	Brief, accessible, transdiagnostic treatments designed to address mental health concerns in primary care and community settings. Delivered by various licensed health service providers and focus on self-management skills. They include components of psychoeducation, cognitive, behavioral, emotional, somatic, and lifestyle behavior change.
Motivational Interviewing (MI)[118]	Developed originally to assist patients with addictions, MI is a collaborative conversation style designed to strengthen a person's motivation and commitment to change. Motivational interviewing can be applied to identify, explore, and resolve a person's ambivalence about making a lifestyle change through the expression of interests, values, and motivations. Motivational interviewing is the opposite of a traditional, directive approach the medical expert takes in telling a patient what to do.[92,116] MI is a key skill that supports other interventions used by PTs such as cognitive behavioral techniques and health behavior change.
Shared Decision Making[119]	At the heart of a patient-focused approach to patient management is respect for patient autonomy, which is achieved through the involvement of the patient in decision making and goal setting. Rather than impose beliefs and treatment directions on the patient as the expert, it's helpful for the PT to take a coaching approach, characterized by guiding the patient to help themselves, relying on patient self-awareness and insights, striving to help the patient find their own answers, and collaborating with the patient to determine the plan[92,116] This approach requires the PT to listen more than talk, develop strong reflection skills, ask open-ended questions, and substitute curiosity for judgment.
Cognitive Behavioral Physical Therapy[120]	Incorporating principles and techniques of traditional CBT into physical therapy care to help patients cope with pain, disability, health, exercise adherence and the promotion of physical activity related to their physical and mental health.
Mindfulness and Acceptance-based Therapies[59]	Mindfulness and acceptance-based therapies constitute a family of methods (i.e., MBSR, ACT) that emphasize present-moment awareness, nonjudgment, and values-based living. They operate by teaching patients to cope with stressful thoughts, emotions, and physical sensations. They are associated with improved health outcomes in areas commonly seen in physical therapist practice,

	including health promotion, physical function, injury prevention, pain management, immune function, noncommunicable diseases, and mental health.[59]
Pain Neuroscience Education (PNE)[121]	An educational strategy used by PTs that focuses on teaching people in pain more about the biological and physiological processes involved in their pain experience. Current evidence provides support for PNE to reduce fear-avoidance, pain catastrophizing, kinesiophobia, limitations in movement, pain knowledge and healthcare utilization.
Cognitive Functional Therapy[59] (CFT)	A behavioral approach for chronic low back pain that employs 3 broad approaches to help reduce pain intensity and improve function: (1) making sense of pain, (2) exposure with control, and (3) lifestyle change. CFT is Findings support the long-term benefits of CFT to target pain beliefs and functional restoration.
Imagery/ Motor Imagery (GMI)[59]	Imagery is a technique where individuals are guided to use their imagination to visualize positive outcomes, experiences, relaxation or well-being. Motor imagery is a treatment that aims to sequentially activate the premotor and primary motor cortices through left/right discrimination, and mirror therapy.
Pain Resilience Therapy (PRT)[61]	A novel strengths-based approach to pain management that focuses on building resilience instead of focusing on vulnerability factors. Preliminary evidence suggests decreases in pain intensity with improvements in physical and psychological functioning.
Somatic Therapies[59]	A family of body-oriented therapeutic approaches used to treat post-traumatic symptoms by changing the interoceptive and proprioceptive sensations associated with the traumatic experience. The 'bottom-up' approach is part of PT practice and often used to address pain and distress.

Policy, Education, and System-Level Reforms

A policy is a system of principles that govern decisions and actions on behalf of an organization. Their purpose is to set clear expectations, establish consistency throughout the organization, set standards, and create tools to optimize the mission and vision of the organization. Several policies give credibility to the mental health physical therapist movement. These are led by the APTA, whose mission and vision statements connect mental health to physical health.[59] Within the APTA, there are 18 sections, 51 chapters, and numerous special interest groups that incorporate language about mental and behavioral health.[95] Additionally, specific entities of the APTA and federal government contribute to the particular language that fosters PTs directly managing mental and behavioral health. See Table 6 for a description of the organizations and their policies that influence our profession.

Table 6. Directives for Mental Health Physical Therapy

Domain	Directive	Specific Language for MHPT
APTA House of Delegates policy to include PT in behavioral and mental health[7]	HOD P06-20-40-10	"It is within the professional scope of physical therapist practice to screen for and address behavioral and mental health conditions in patients and populations."[95]
APTA House of Delegates policy on physical therapists in primary care[24]	HOD P07-24-05-07	"Physical therapists possess clinical expertise in the prevention and management of common health conditions seen in primary care settings."
CAPTE[112]	Required elements to support the PTs role in mental health care across the lifespan: 7A, 7D	7A: Curricular Requirements for diagnosis, differential diagnosis, neuroscience, pharmacology, behavioral science, and psychosocial aspects of health/disability[112] 7D: Screening and Exam for psychosocial and mental health aspects of patient care.[112]
Jurisdictional Physical Therapist Scope of Practice[123]	HOD P06-17-09-16 HOD P06-17-08-07	Defined by state licensure laws and typically includes evaluation and management of the physical, behavioral, and psychosocial factors influencing pain, functioning, disability, health, and well-being. State practice acts that specifically mention mental health as of May 2025 are AL, CT, CA, DC, FL, IL, MI, MN, MS, MO, SC, VA.
APTA Guide to Physical Therapist Practice 4.0[124]	1. Diagnosis 2. Tests & Measures 3. Interventions	1. "…to organize and interpret all relevant information collected."[124] 2. cognitive and mental functions tests to address mental and other psychiatric diagnoses as well as illness or injury influencing mental functions. 3. Educational & procedural interventions including MI, CBT, mindfulness, pain modulation, and lifestyle health behavior change.
APTA Code of Ethics[59]	HOD S06-20-28-254 Principles 5, 6, 7, 8	The principles obligate us to address mental health through prevention, screening, assessment, and intervention.
APTA Federal Section[125]	Primary Care Special Interest Group	Promotes PTs as universally recognized front-line providers in the primary care arena.
APTA Geriatrics Section[125]	Cognitive and Mental Health Special Interest Group	Promotes professional networking and advocacy efforts related to cognitive and mental health issues in the area of geriatric physical therapy.
APTA Neurology Section[125]	Brain Injury Special Interest Group	Promotes health, wellness, optimal function, and quality of life for individuals with brain injuries.

APTA Academy of Leadership and Innovation[125]	Physical Therapy in Mental Health Catalyst Group	Supports PTs to become excellent clinicians, educators, scholars, and leaders dedicated to helping individuals and populations improve mental health.
United States Department of Health & Human Services[126]	Healthy People 2030	One purpose of Healthy People 2030 is to improve the quality of life for people with mental health conditions.
American Council of Academic Physical Therapy[126]	Dealing with the mental health crisis in higher education includes over 300 PT programs and over 39,000 students.[59,127]	Address trauma-informed crisis management, training to recognize and respond to mental health conditions in students, discuss mental health regularly, create safe spaces for mental health, mindfulness resources.
International Organization of Physical Therapy in Mental Health (IOPTMH)[128]	Accepted by the World Physiotherapy Confederation, the IOPTMH includes 33 countries whose purpose is to optimize well-being and empower individuals by bringing together physical and mental aspects of health.	PTs provide health promotion, preventive health care, treatment, and rehabilitation for people with mental health conditions by creating therapeutic relationships within a supportive environment and by applying a biopsychosocial model of care.
The Lancet Commission on Global Mental Health[129]	A call to the global community to scale up services for people affected by mental disorders.	Supported by the WHO Comprehensive Action Plan, seeks to reduce the treatment gap for people with mental disorders through 4 foundational pillars: 1. Mental health is a public good 2. Mental health problems exist along a continuum 3. Mental health is highly individualized, reflecting social and environmental influences that alter brain development 4. Mental health is a fundamental human right.

Current evidence demonstrates that physical therapist care improves the mental and physical health of individuals with mental health conditions.[8,59,106,130–134] Unfortunately, barriers continue to limit much needed services. These include a lack of available mental health services for the general population,[135,136] poor health coverage for mental health and other chronic conditions,[136,137] a need for integrated care away from major hospital systems and toward communities,[137] poor awareness of the comorbidities associated with mental health,[110] and mental health care that continues to function in silos with few stakeholders.[129,135,136] [11] It is clear that PTs have a professional, ethical, legal, and personal responsibility to address health through the lens of primary care. The most influential, and perhaps the most responsible entity, are DPT education programs. Within DPT education, there is a need to reach beyond pain management and PNE to more clearly address mental health conditions.[121] PNE alone may not be enough to address the complex presentation of pain and comorbid mental health conditions. Curricular design that upholds evidence-based interventions for mental health conditions, including cognitive, behavioral, emotional, mindfulness, and somatic interventions, are warranted.[59]

Payment for Mental Health Physical Therapy

Payment models can facilitate or be a barrier to PTs directly managing or co-managing mental and behavioral health conditions. Given the wide variation in how physical therapist services may be funded, it is essential for PTs to develop a thorough understanding of payment and reimbursement models specific to their practice setting. This includes being aware of the applicable payer rules, documentation standards, and coding practices, all while ensuring compliance with state licensure regulations.

Some PTs are expanding their roles in mental health care through cash-based services and consulting, where a third party is not billed, and patients pay directly for care. These innovative approaches allow PTs to address physical dysfunction alongside psychosocial health and wellness, considering whole-person care in flexible ways. These services still require awareness of legal and ethical standards for payment.

To provide high-quality, compliant care, PTs must remain informed about the various payment structures available and how they influence service delivery and documentation across settings. The general payer information below describes how the common payer types, such as the Centers for Medicare and Medicaid Services (CMS) and private payers, may reimburse physical therapist services.

Medicare Part A

Medicare Part A may cover physical therapist services when those services are part of an inpatient hospital stay, a skilled nursing facility, an inpatient rehabilitation facility, hospice, or home health care. These services are generally reimbursed through a bundled payment system, in which a single, predetermined amount is paid for an entire episode of care rather than for each service provided. The total payment depends on factors such as the care setting and patient-specific needs.

Under this model, physical therapist services are expected to be provided when clinically indicated, and quality metrics are often integrated into reimbursement structures. High-quality delivery by PTs can contribute to improved outcomes, which may enhance provider performance scores and eligibility for incentive payments. It also facilitates a shorter length of stay, which optimizes revenue under bundled payments.

Medicare Part B

Medicare Part B helps pay for medically necessary outpatient physical therapy when a physician or other healthcare provider (nurse practitioner or physician assistant) certifies it medically necessary.[138] These services are reimbursed through the Medicare Physician Fee Schedule using a fee-for-service model. Currently, there is no limit on how much Medicare pays for medically necessary outpatient physical therapist services in one calendar year. To qualify for payment, PTs must accurately document and code the services delivered, adhering to all Medicare billing requirements.

Physical Therapy Evaluation Under Medicare Part B

Under Medicare Part B, a physical therapist evaluation involves assessing personal factors and

examining body systems, including body structures and functions, activity limitations, and participation restrictions. Mental health is part of the evaluation, as it falls under the category of body functions, specifically psychological functioning.

Current Procedural Terminology (CPT®) codes for physical therapist evaluation are based on the complexity of clinical decision making and the severity of the patient's presentation. These include:

- 97161 – Low complexity
- 97162 – Moderate complexity
- 97163 – High complexity

The presence of a mental health condition can impact the complexity of clinical decision-making. For example, psychological distress, cognitive impairment, or behavioral barriers may require additional time, coordination, or modification of the plan of care, influencing whether an evaluation is coded as low, moderate, or high complexity.

CMS Integrative Behavioral Health (IBH) Model

CMS developed the IBH Model to improve behavioral and physical health outcomes for adults enrolled in Medicaid and Medicare with moderate to severe mental health conditions or substance use disorder (SUD).[139] Currently, CMS does not include physical therapist services as part of this model. CMS generally does not reimburse physical therapist services when a mental health condition, such as depression, is the primary diagnosis. Many PTs use alternative diagnoses, like chronic pain, to address underlying mental health factors. While this strategy enables CMS beneficiaries to access needed services, it poses the risk of diagnostic overshadowing, a situation where the physical diagnosis (e.g., pain) eclipses the recognition and treatment of co-occurring mental or behavioral health conditions. This practice can negatively affect both patient outcomes and a PTs ability to deliver whole-person care.

Medicare Advantage (Part C)

Medicare Advantage, also known as Part C, is a privately managed alternative to Medicare. These plans often cover physical therapist services when they are considered medically necessary. However, coverage details, including visit limits, required authorizations, and eligible services, can differ from one plan to another. Some Part C plans offer additional services not included in traditional Medicare, such as alternative or complementary mental health care. PTs working under Part C plans must use the same CPT® codes and documentation practices as those under Original Medicare, but should verify any additional plan-specific billing or authorization requirements. Understanding the structure and policies of each Part C plan is critical to ensuring services are delivered within coverage parameters and appropriately reimbursed.

Medicaid

Medicaid is the nation's public health insurance program for eligible low-income people, families, and children, pregnant women, the elderly, and people with disabilities.[140] While the federal government sets rules, regulations, and policies, each state administers its program, establishing eligibility standards, setting payment rates, and determining the type, amount, duration, and scope of services. Federal and state spending on Medicaid

beneficiaries is often a target for legislators who are intent on controlling costs. As an optional benefit in states, physical therapist services are often in line to be cut or eliminated. Because Medicaid policies differ by state, PTs should consult their state's Medicaid billing guidelines to ensure compliance when treating patients with mental health conditions.

Private Insurance

Private insurance policies vary considerably in how they cover physical and mental health services. The level and type of coverage often depend on the specifics of the insurance plan and the care setting in which services are provided. Some insurers adopt particular criteria for physical therapy in mental health contexts, while others apply more general eligibility requirements.

Many private insurance plans impose limits on the number of sessions covered within a given benefit period. For instance, a policy may only reimburse for up to 30 physical therapy sessions per year when addressing a physical or mental health concern. Preauthorization or prior approval is sometimes required before beginning care, and certain CPT® codes may only be accepted when paired with specific mental health diagnoses.

It's also important to recognize that mental health coverage within a private insurance plan may be administered separately from physical therapy benefits, leading to distinct provider networks, authorization processes, and reimbursement structures. These distinctions can affect which services are reimbursable and under what conditions.

To ensure compliant and effective billing, PTs should carefully review each patient's insurance plan, paying close attention to any differences between the mental health and physical therapy components of coverage. A clear understanding of the plan's policies will help ensure that documentation, coding, and authorization requirements are met before services are delivered.

Cash-Based Services

Physical therapist services may be provided on a cash-based basis when those services are not covered by insurance or when a patient prefers not to involve a third-party payer. In a cash-based model, the patient pays the PT directly, bypassing insurance billing. Since these services fall outside traditional reimbursement structures, PTs can establish their fee schedules. This might include setting a flat rate per session, creating a service-specific fee schedule, or offering packages that provide a discount for multiple visits.

Patients may choose to submit receipts to their health savings accounts (HSAs) or flexible spending accounts (FSAs), or even to their private insurers for possible reimbursement after paying out-of-pocket. To facilitate this option, PTs should provide clear documentation of services rendered, including appropriate ICD-11 codes and, when applicable, CPT® codes, particularly if patients intend to seek reimbursement independently.

Although there are no standardized billing requirements for cash-based services, legal and regulatory considerations still apply. These include laws about who is eligible to receive cash-based care and limits on what can be charged. Therefore, PTs must familiarize themselves with both federal and state regulations before implementing a cash-based model for mental health services.

PTs can be paid through various means, including insurance (in-network or out-of-network), cash-based practices (private pay), or a combination of both. Insurance-based payment involves billing insurance companies directly for services, while cash-based practices involve patients paying directly for services. Both models have their own sets of pros and cons regarding financial sustainability, administrative burden, and patient access.

Collaborative and System-Level Considerations

To establish a diagnosis, prognosis, and management plan, PTs conduct an examination that includes a history and physical examination. Based on the findings, the PT designs and implements a customized and integrated plan of care in collaboration with the patient to achieve the desired outcomes. These professional responsibilities are outlined in the *Standards of Practice for Physical Therapy*. The *Guide to Physical Therapist Practice 4.0*[124] provides further operationalization of the physical therapist management plan and plan of care.

Management Plan[124]

The management plan is based on best available evidence and may include recommendations and goals developed by other entities. When indicated, the management plan describes the need for additional testing or other information to inform decision-making regarding the need for ongoing physical therapist services. The management plan includes a plan of care when physical therapist services are indicated to address a health condition.

Plan of Care[124]

The plan of care specifies the goals, predicted level of optimal improvement, interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. A plan of care is included within the management plan when physical therapist services are indicated to address a health condition. The plan of care is based on the best available evidence and includes, as appropriate, referral, consultation, or co-management with other health services providers.

The successful implementation of the PTs management plan and the plan of care relies on system-level support. Health systems should foster interprofessional coordination and collaboration through shared documentation platforms, value-based payment models, and interdisciplinary care. Additionally, policy should support licensure, scope expansion, and professional advocacy efforts that enable PTs to participate fully in mental and behavioral health care delivery. PTs also play a vital role at the community level in expanding access to mental and behavioral health by partnering with local organizations, schools, veteran services, and peer-led networks. These relationships extend the continuum of care beyond clinical environments and address social determinants that influence both mental and physical well-being.

In sum, collaboration and systems-level considerations are integral to ethical and effective practice. These actions not only align with PTs' professional responsibilities but also position the profession to lead in addressing the growing need for accessible, integrated mental health care.

Actionable Recommendations & Future Directions

I. For Clinicians: How to Integrate Mental Health into Physical Therapist Practice

Adopt a Biopsychosocial Framework

- Routinely assess mental health using validated tools (e.g., PHQ-9, GAD-7, PSS).
- Use the Health-Focused Physical Therapy Model (HFPTM) or Pain Recovery and Integrative Systems Model (PRISM) to guide patient-centered care.

Enhance Screening and Differential Diagnosis

- Screen for stress, anxiety, depression, PTSD, and suicidality using validated scales.
- Use clinical reasoning to determine when to refer to health service providers.

Utilize Psychologically Informed Interventions

- Routinely incorporate cognitive behavioral principles and techniques
- Use motivational interviewing, shared decision-making, and strengths-based approaches to facilitate behavior change.

Prescribe Exercise as Part of First-Line Mental Health Care

- Provide individualized exercise prescriptions aligned with evidence for depression, anxiety, PTSD, and other mental and behavioral health conditions.
- Tailor exercise programs to patient preferences and needs.

Incorporate Mindful Movement Practices

- Introduce yoga, tai chi, Pilates, or other mindful movement modalities to promote emotional regulation and reduce distress.

Facilitate Lifestyle Interventions

- Address smoking cessation, nutrition, sleep hygiene, and social connectedness as part of holistic care.

Collaborate and Refer Appropriately

- Engage in co-management, consultation, and referral pathways with other health service providers to improve patient outcomes.
- Build community partnerships to enhance access and address social determinants of health.

II. For Educators: Training Needs and Competency Development

Embed Mental Health into PT Curricula

- Include mandatory coursework on mental health screening, psychologically informed care, and behavior change techniques.
- Teach evidence-based frameworks like HFPTM and PRISM.

Develop Psychologically Informed Skills

- Train students in motivational interviewing, shared decision-making, and strengths-based communication.
- Provide opportunities for experiential learning in mental health assessment and intervention.

Foster Competence in Low-Intensity Psychotherapeutic Interventions (LMPIs)

- Prepare students to deliver interventions aligned with WHO guidelines for non-providers (e.g., psychoeducation, behavioral activation).

Integrate Interprofessional Education

- Include interdisciplinary case studies and simulations with mental health professionals.
- Teach appropriate referral pathways and co-management strategies.

Promote Cultural Competence

- Train students to address stigma, implicit bias, and social determinants of health.
- Embed trauma-informed and inclusive care approaches.

Support Lifelong Learning

- Offer advanced certifications and continuing education focused on mental health integration.

III. For Policymakers: Overcoming Regulatory and Systemic Barriers

Clarify Scope of Practice

- Support legislation that recognizes the PTs role in screening, prevention, and intervention for behavioral and mental health conditions.
- Update state practice acts to explicitly include mental and behavioral health within the physical therapist's scope of practice.

Expand Payment and Reimbursement Opportunities

- Advocate for CMS and private insurers to reimburse PT-delivered mental health services.
- Develop bundled payment models and value-based care initiatives that incentivize whole-person care.
- Advocate for the inclusion of PTs in the CMS Integrative Behavioral Health Model

Invest in Workforce Capacity

- Fund training programs and continuing education that prepare PTs for expanded mental health roles.
- Encourage integration of mental health competencies into accreditation standards (e.g., CAPTE).

Promote Interprofessional Collaboration

- Incentivize health systems to create integrated care teams, inclusive of PTs.
- Support data-sharing systems and collaborative care models.

Address Health Equity

- Fund programs that improve access to PT services in underserved and marginalized communities.
- Support research and implementation of culturally competent and trauma-informed care approaches.

Encourage Research and Innovation

- Fund research on models of care, stepped-care implementation, and cost-effectiveness of integrated PT and mental health services.
- Promote dissemination of best practices through federal and professional channels.

Conclusion

The integration of mental and behavioral health into physical therapist practice is not only timely—it is essential. By adopting a biopsychosocial approach, using validated tools, embedding mental health competencies into education, and advocating for payment reforms, PTs can meet the needs of the whole person. The opportunity is clear: PTs can lead in transforming healthcare delivery by ensuring that mental and behavioral health are not treated separately, but as integral to pain management, functioning, disability, health, and well-being.

Training Resources for Physical Therapists

- The American Physical Therapy Association
- The Mental Health Physical Therapist Certification Program
- Psychologically-Informed Pain Practitioner Certification Program
- Mindfulness-Based Pain Relief Practitioner Certification Program
- Acceptance and Commitment Therapy for Chronic Pain
- Pain Education and Cognitive Behavioral Therapy for Pain
- Motivational Interviewing for Chronic Pain
- Integrative and Lifestyle Medicine for Pain
- Trauma-Informed Pain Care
- Mindful Stress Management for the Healthcare Professional
- Mindful Clinical Mentoring

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