



Your Guide to Evaluating Physical Therapy Software

Is your physical therapy software holding you back?
How to know if you need to switch

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Introduction

You're not imagining it—your EMR is slowing you down and limiting your clinic's growth. But how do you know when it's time to make a change?

Sure, your EMR feels “fine.” It gets the job done, mostly. But if your team is working around the system instead of with it, if denials and reimbursement delays are piling up, and if you still can't get a clean view of how your clinic is performing... your software might not be broken, but it is slowing you down.

Most clinics don't choose the wrong system—they chose what made sense in the moment. But over time, what you need from your software shifts. And the more time that passes, the more you realize you need something intelligent, less cumbersome, and built for today's rehab therapy world. Manual workflows, slow billing, disconnected data, team burnout, lost revenue—they're not isolated problems. They're symptoms of a foundation that wasn't built for what comes next.

This guide will help you rethink what your software is really there to do. We'll walk through 7 categories that make or break scalable rehab practices:

- Operational Efficiency
- Practice Growth
- Onboarding & Support
- Billing & RCM
- Contracts
- Clinic Culture
- Technology & AI

Each section ends with questions to ask any vendor, so you can evaluate if they'll truly fit your needs, or fail to provide a modern, scalable foundation to grow your clinic on.

First, assess your current system:

Before you get swept up in software features and sales demos, it's worth pausing to ask: How well do our systems actually function today?

The most powerful platform on paper means little if your team dreads using it, or if it makes everyday tasks feel heavier than they should. Here are 4 fundamental areas to think about when comparing features.



Productivity

- Is your software speeding up care delivery or slowing it down?
- How are visit counts tied to your workflow—are they recognized at check-in or after documentation and notes are finalized?
- Are your providers spending more time treating or more time charting?
- Do team members feel suffocated by clunky workflows?



Economics

- What's the true cost of your current system—not just in dollars, but in efficiency, dropped revenue, admin-to-therapist ratio, and missed opportunities?
- Are you regularly afraid of what add-ons will do to your monthly price?
- Does your current platform give you room to grow if and when you choose to?



Implementation

- How long does training take for new hires?
- Is your team still waiting on training, struggling to adapt, or depending on support for basic workflow or template changes?



Complexity

- Is the system intuitive or is your team relying on “power users” to hold everything together?
- Does it feel like the product was designed for your industry/specialty or just to check a box?

From here, we'll unpack each of the 7 areas that determine whether your software is just functional—or truly transformative.



Operational Efficiency

When evaluating an EMR, operational efficiency is often the most visible category—but also the easiest to misjudge.

It's where software demos shine: Slick scheduling views. Smart automations. Impressive workflows. **Demos often look great—but once you're in the system, reality sets in.**

- Manual workarounds
- Redundant data entry
- Communication breakdowns
- Teams spending more time managing systems than treating patients

The cost? It's not just time.

It's lost margin, morale, and momentum.

That's when the bigger question surfaces: Are your 'workflows' the real bottleneck? These inefficiencies might not show up in your reports—but they quietly drain your team's energy and capacity every day.

Now imagine a platform that actually supports how your clinic works:

- The front desk can schedule, reschedule, or waitlist patients in seconds—automatically
- Documentation flows straight into billing—no duplicate entry
- Tasks are surfaced to the right person at the right time

If that's not your reality, it may be because most platforms weren't initially built to help your clinic run better. They were built to check documentation boxes. A modern rehab therapy operations platform should do more:

- Simplify daily operations
- Reduce administrative burden
- Make work easier for every role on your team



Ask yourself:

Are we spending more time managing the system than moving the clinic forward?

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01

What login data reveals about Prompt usage:*



92.19%

of provider activity happens during clinic hours



1.59%

happens before hours



6.22%

happens after hours



3.6%

of all logged-in time occurred on the weekends

Operational Efficiency Checklist:

Questions to ask vendors

- ☐ What tasks are fully automated vs. partially manual?
- ☐ Can a patient be scheduled, seen, documented, and billed without re-entering the same data?
- ☐ How are task assignments surfaced to the right team members (e.g. eligibility checks, authorization follow-ups)?
- ☐ Does the system support automated reminders for underbooked patients—or does staff need to track this manually?
- ☐ How many clicks does it take to reschedule a visit or book out a plan of care?
- ☐ Can the clinic create unlimited, customizable documentation templates?
- ☐ Can patients complete self-service intake forms that are customizable by location or visit type?
- ☐ Are there tools to streamline plan-of-care scheduling (e.g. visual cues or automated recommendations)?
- ☐ Can front desk, clinicians, and billing work within one unified system or do they rely on separate tools?
- ☐ Is there a waitlist tool? How manual is the process for pulling patients in?
- ☐ Does the system eliminate the need for external spreadsheets or tracking tools?
- ☐ Are patients able to schedule themselves online?
- ☐ Is there an option for patients to check in via kiosk or mobile device?
- ☐ Can I filter reports by date, provider, or location?
- ☐ Can you walk me through how I'd access reports like underbooked patient cases, capacity utilization, units per visit, coding trends, cancellation rates, and visits per discharge?



Practice Growth

When evaluating software, it's easy to think about growth in terms of size—more providers, more locations, more services. But growth doesn't always mean expansion.

Sometimes it means running more efficiently, hiring with confidence, or finally getting out of survival mode. Regardless of your goals, **here's what you need to think through: is your software helping you grow—or are you simply getting by?**

What worked for your clinic a few years ago may not support where you're headed now. Even small changes—an additional provider, a new service, a bump in volume—can expose the cracks in systems that weren't built to flex.

And it's not just legacy tools that fall short. Some newer platforms are built on shallow foundations—rushed to market, optimized for demos, or for entirely different healthcare specialties. They're often:

- **Optimized for their own margins, not long-term fit**
- **Priced to look appealing**—but with tradeoffs like thoughtful workflows, real support, and innovation.
- Built around **short-term financial benchmarks**, not long-term outcomes

Instead, look for a partner that prioritizes sustainable impact for both providers and patients.

You know that running and growing a practice takes more than great clinical care—it takes coordination, visibility, and infrastructure that supports every role on your team. Your software should reflect that. The right platform doesn't just document visits, it helps you operate like a business that's built to grow.



Ask yourself:

Is our software supporting the next phase of growth for our practice—or silently holding it back?

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Practice Growth Checklist:

Questions to ask vendors

- ☐ What happens to workflows as we scale—do they break, duplicate, or evolve?
- ☐ How long does it take new staff to learn the system? Can new users be onboarded without a steep learning curve or hours of support tickets?
- ☐ Are permissions, roles, and settings manageable across a growing team?
- ☐ Can you share case studies of practices my size?
- ☐ Is growth limited by your licensing model or backend architecture?
- ☐ How does the system support multi-location operations and reporting?
- ☐ What staff member per clinician ratio does your system support?
- ☐ Do you have reports on the growth metrics your customers have achieved?
- ☐ What does the transition process like when switching to your software? Is there any downtime?
- ☐ What is the cost to add non-clinical users—admin, billers, students, etc.?
- ☐ How can you help me fill my hiring pipeline?

Additional notes:



Onboarding & Support

When you invest in practice management software, you're not just buying a platform—you're choosing a partner.

You shouldn't have to brace for impact. Support isn't just for when something breaks. It starts the moment you decide to switch platforms and it should give you the confidence that you'll come out stronger on the other side.

Many practices fear that switching software will mean weeks of lost productivity, billing delays, and team burnout. And in some systems, that's exactly what happens. But onboarding shouldn't feel like a gamble. With the right partner, your team isn't left to fend for themselves—they're guided by experts who know how to help you stay productive through the transition.

Here's what to look for in onboarding and support:

- **Responsiveness:**
Do you get answers quickly, or do tickets linger for days?
- **Expertise:**
Are you talking to people who actually understands and brings clinical experience to the conversation? Or are they just reading scripted replies?
- **Proactivity:**
Does your vendor help you optimize workflows, catch problems before they snowball, and share best practices as you grow?
- **Stability:**
Does their onboarding process protect revenue and productivity, or put them at risk?

Many vendors treat support as an afterthought—something outsourced overseas or staffed with generalists. You deserve better.

Now, imagine onboarding and support that feels like an extension of your business.

- A proven onboarding process designed to protect productivity and cash flow, not pause it
- A dedicated team of experts, including a Customer Success Manager, a Billing Success Manager, and EDI specialists
- People who've actually been in your shoes; former clinicians, billers, and rehab therapy operators
- 100% U.S.-based teams invested in your success



Ask yourself:

If something goes wrong tomorrow, do you trust your software partner to have your back?

Onboarding & Support Checklist:

Questions to ask vendors

- ☐

What does onboarding look like for new users and how long does it take?
- ☐

What's your approach to preserving productivity and revenue during a migration?
- ☐

Are we assigned a dedicated Customer Success Manager and billing support contact?
- ☐

Are the CSMs licensed clinicians? Are the BSMs certified billers?
- ☐

Is your support team U.S.-based or offshore?
- ☐

What are your average response and resolution times for support requests?
- ☐

Can you share examples of how your team proactively helps practices improve workflows?
- ☐

Is your support staff trained in outpatient rehab workflows (billing, scheduling, documentation)?
- ☐

How do you gather customer feedback and how is it incorporated into product improvements?
- ☐

What resources or training materials are available to help our team learn and troubleshoot independently?
- ☐

Can I speak with references who've worked with your support team?
- ☐

If we experience an urgent issue during clinic hours, how quickly can we expect live help?

Additional notes:



Billing & RCM

Revenue problems rarely start in the billing department. They start upstream—with slow scheduling, inconsistent documentation, unclear tasking, and software that isn't designed to surface issues until it's too late.

It's not uncommon to see clinics chasing denials, reworking claims, and manually cleaning up what the system should've caught in the first place. But here's what you need to think through: **how much of that financial drag is really a billing problem—and how much of it is a software problem?**

Even if you've built a strong internal team or outsourced your RCM, your platform may be quietly working against them. If it's hard to:

- Track a claim in real time
- Figure out workarounds and modifier issues
- Understand your data without having to download it
- Know why reimbursement is slipping

That's not a billing issue—it's a visibility issue.

And just like with growth, poor software architecture is often the culprit. Whether it's a legacy platform that hasn't kept up or a newer tool that's not built to go deep, you can't fix revenue gaps with shallow systems.

In a better system:

- **Denials, appeals, and reconciliation are automated**—not managed manually
- **Your billing team (or RCM partner) sees missing charges** and payer requirements in real time
- Payer rules are built in
- **Claims are created from clean, complete documentation**—no back-and-forth
- Tasks are auto-assigned
- Nothing slips through the cracks

This isn't just a system that reacts to problems—it prevents them. And that kind of intelligence isn't a billing feature. **It's the foundation of a financially healthy practice.**



Ask yourself:

Is our software helping us stay ahead of revenue risk—or just clean up after it?

Billing Checklist:

Questions to ask vendors

- ☐ Can our team (or RCM partner) view billing performance in real time?
- ☐ How long does it take to get paid?
- ☐ What tools are in place to reduce denials and automate appeals?
- ☐ Does the system surface missing charges, incomplete notes, or payer-specific errors before claims go out?
- ☐ How easily can we track unresolved claims and monitor financial KPIs?
- ☐ Does the system support both in-house and outsourced billing workflows without duplicate work?
- ☐ Do you offer RCM services? If yes, where is your team based?
- ☐ How have you built AI and automations into your billing platform to support my success?
- ☐ How quickly does your team respond when I need billing support? Are they certified billers? U.S.-based?

Additional notes:



Contracts

Contracts aren't the problem. In fact, they're standard in this space—and often necessary to support onboarding, support teams, and platform stability.

But not all contracts are created equal, and the terms you agree to can shape your clinic's experience long after the ink dries.

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When evaluating a software partner, don't just look at the feature set. Look at the foundation of the partnership.

- Do the terms of my contract allow me to grow how I want?
- Does the company have a clear track record of innovation?
- Is the product stable, or known for outages and service delays?
- Is this company future-proofed? Look at their extensibility, scalability, provenance, maturity, support, and reliability

It's also worth asking: **who's really behind the product?** Some vendors are backed by private equity firms focused on margins more than mission. That doesn't make them wrong, but it should make you more curious. What does their funding structure mean for product strategy, service prioritization, support, and long-term sustainability?

A strong contract isn't just about legal terms.

It's about alignment.

Remember, you're not just choosing software—you're choosing a partner.

One that should empower your team, support your goals, and evolve with your clinic, not hold it back.



Ask yourself:

Will this company and platform still be what we need two years from now or will we outgrow it before the contract ends?

Contracts Checklist:

Questions to ask vendors

- ☐ Are we locked in for 3+ years?
- ☐ How often do customers renew vs. leave early?
- ☐ How long is the initial term—and what are the renewal terms?
- ☐ Is there flexibility in the contract that allows me to grow or evolve how I want to?
- ☐ Are there hidden fees tied to usage, users, or reporting access?
- ☐ What happens to our data if we decide to switch systems in the future?
- ☐ Do you offer a contract buyout with my current system?
- ☐ If I add on another product, how does that change the terms of my contract?

Additional notes:



Clinic Culture

Software might not show up in your clinic's mission statement—but it shows up everywhere else.

It's in how your team communicates, how much work they bring home, how clinicians feel at the end of a 10-hour day, and in whether people stay or quietly burn out.

When evaluating practice management software, ask:
how does this system affect the way my people work—and feel?

When tools are clunky, disconnected, or hard to learn, your team feels it. It looks like:

- Clinicians falling behind and spending more time clicking than treating
- Front desk staff relying on manual workarounds
- Billing teams chasing tasks that never should've slipped through the cracks
- New teammates immediately feeling overwhelmed by software onboarding

The result? Fatigue, frustration, and a culture built around coping—not thriving. Culture isn't built in offsites or events—it's built (or broken) in the tools people use every day.



Ask yourself:

If your team had to rate your culture based on your EMR today, what would they say?

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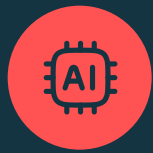
The Red Flags of Burnout

Team Member	Symptoms	Root Cause
Clinician	Late notes, after-hours work	Poor documentation UX, no smart templates or AI
Front Desk	Missed appointments, rescheduling chaos	No waitlist automation, clunky calendar, manual rescheduling
Billers	Denials, delays, unclear errors	Lack of visibility into claim flow or payer rules
Owner	Can't forecast, unclear on practice health	No actionable insights, unreliable reporting
Patient	Missed visits, dropped plans of care, unpaid balances	No self-scheduling, no portal, outdated communication tools

Culture Checklist:

Questions to ask vendors

- ☐ Who's responsible for onboarding—and how is success measured?
- ☐ How can I ensure your team is plugged into the industry?
- ☐ How quickly can support resolve common issues?
- ☐ Is your support team on- or off-shore?
- ☐ Do your users love the product—and the company?
- ☐ Can you provide case studies from practices my size? Referrals?
- ☐ What's your process for collecting and acting on user feedback?
- ☐ When was the company founded?
- ☐ Can I meet some members of the success team?
- ☐ Who makes product roadmap decisions?
- ☐ How do you consider, weigh, and implement product decisions based on customer feedback?
- ☐ What is your company mission?



Technology & AI

If you're hesitant about AI, you're not alone. For many rehab therapy teams, the idea of AI can feel uncertain—too expensive, too complex, or too far removed from the patient-centered work you do every day.

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But AI in rehab therapy doesn't have to be futuristic—or overwhelming. The main types of AI you'll see in rehab therapy platforms today include:

- **Automated workflows:**
AI-powered logic that auto-assigns tasks, flags missing charges, or prioritizes next steps. Removes the need for spreadsheets or manual tracking.
- **AI for intake & patient experience:**
Gathers relevant info before a visit and customizes forms based on context—making onboarding faster and more meaningful for both patients and staff.
- **AI scribe tools:**
Transcribe or summarize notes during or after a visit.
- **Predictive & prescriptive AI:**
Flags potential no-shows, missed plans of care, or incomplete documentation. Helps staff take action before things go off course.

When it's thoughtfully designed, AI is just smart automation. It blends into your daily workflows, helps your team go from reactive to proactive, and catches things before they slip through the cracks.

But not all platforms are built to support that kind of intelligence. A lot of software in the rehab space looks sleek on the surface, but dig a little deeper and you'll find a patchwork of bolted-on modules, third-party plug-ins, and fragile one-way integrations built on outdated architecture—a recipe for prolonged downtime during any outages. **There's a difference between a modern platform and a modern-looking one.**

Here's how to tell the difference when it comes to AI:

If an AI scribe exists only to take notes, it's likely just a surface-level feature—added for the appearance of innovation rather than real impact. In contrast, a truly intelligent scribe is deeply integrated into the clinic's workflow. It doesn't stop at documentation; it also understands the clinical context—surfacing relevant past notes, generating real-time case summaries, suggesting CPT codes, and adapting to each provider's style over time. That's the difference between an AI feature that checks a box and one that actually improves how providers work.

Helpful AI shouldn't replace your team or get in the way of patient care
It should amplify your team's skills and give them time back.



Ask yourself:

Is this platform truly built for the future—or just branded like it is?

Technology & AI Checklist:

Questions to ask vendors

- ☐ Is this a unified platform with proprietary AI or a combination of acquired tools and plug-ins?
- ☐ Where is AI currently embedded—and what tasks does it actually automate?
- ☐ Do you use AI and automation to keep schedules full?
- ☐ Does the AI ask dynamic questions to personalize intake and surface relevant patient insights?
- ☐ Does AI assist in note taking?
- ☐ Does AI assist in code compliance?
- ☐ Can you show me a live demo of the AI features?
- ☐ How does the system use data to support decision-making in real time?
- ☐ What kind of documentation or predictions does the AI handle today (not just “coming soon”)?
- ☐ What are your policies around AI privacy, patient data use, and transparency?
- ☐ Do you have your own AI Engineering and AI Ethics Team?

Additional notes:

So, which path are you on?

Now that you've evaluated what really matters—across operations, growth, support, billing, contracts, culture, and technology—it's time to take a step back and look at the bigger picture.

“Upgrading your EMR” isn't the goal here.

Building a modern, scalable clinic foundation is. And that starts with rethinking what your software should actually do.



Most clinics find themselves on 1 of 3 paths when it comes to their software setup:



The Simple Stack

These platforms promise ease and simplicity—and if you're just getting started, that might feel like enough. They're often visually clean, low cost, easy to set up, and handle the basics like scheduling, documentation, and maybe billing.

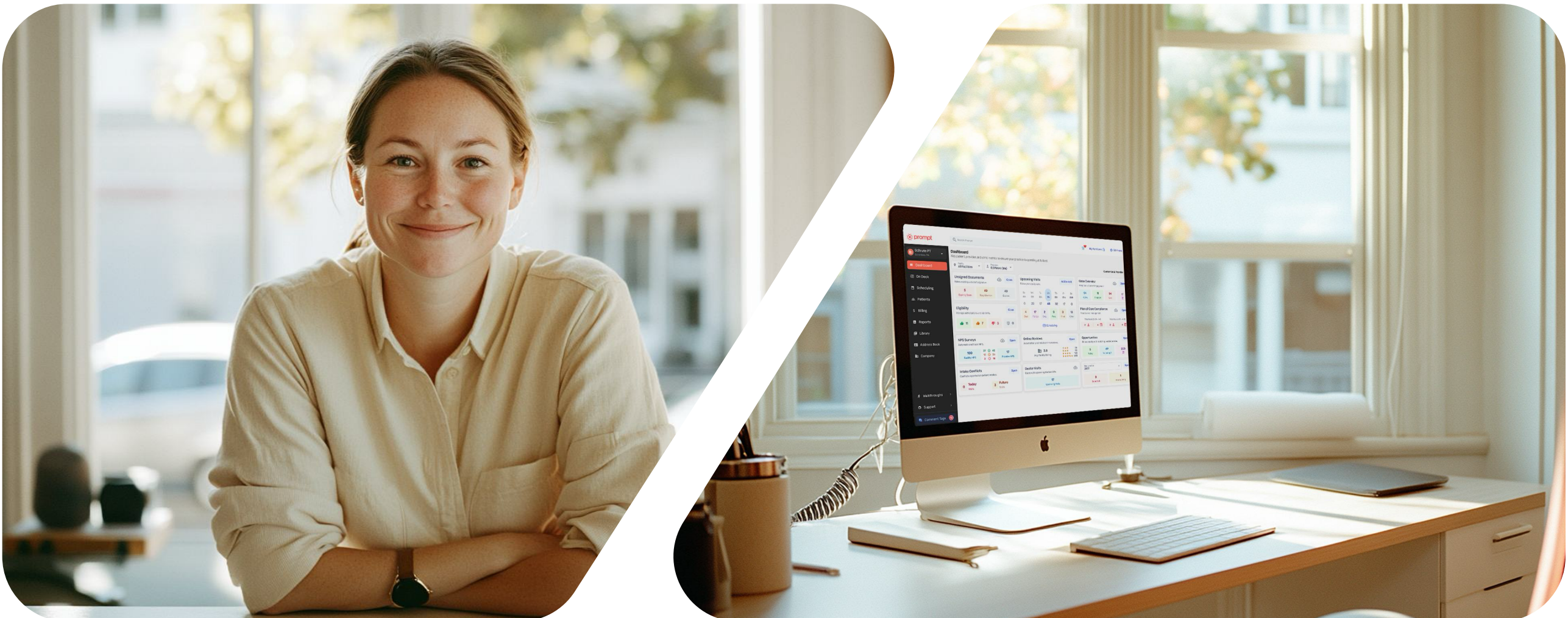
The problem? These platforms lack the automation, infrastructure, and flexibility to support a growing clinic. They often market themselves as cheaper alternatives to more advanced platforms but fall short when it truly matters. When your schedule becomes more complex, you add another provider, or you need to understand why you're falling behind or reimbursement is dipping, you'll find yourself in a difficult position. The simplicity that once felt like a win starts to feel like a wall: manual processes, limited reporting, inadequate support, and scattered workarounds that staff are forced to create. Ultimately, these platforms weren't designed to grow with your practice, and your team will spend more time managing tools than managing your clinic.



The Frankenstack

You bought into the idea of an “all-in-one” platform—but under the surface, it’s really a collection of disconnected tools stitched together over time. Each module feels slightly different. Data doesn’t flow cleanly. Downloading reports just to reupload them feels like a constant. Features that were promised don’t fully deliver.

Ultimately, the user experience in this path isn’t much better than the simple one. Sure you have more tools, but more doesn’t equal better. Often, it’s just more cumbersome. It might feel grown-up and look modern from the outside, but it still creates the same inefficiencies and frustrations you thought you were escaping. And the larger you grow, the more those cracks—like disjointed workflows, slow documentation, piles of manual spreadsheets, and duplicative tasks—start to widen, right when you need everything to work together most.



The Comprehensive Platform

This path is rare—and intentional. A true platform designed from day one to support modern rehab therapy across every team, workflow, and growth milestone.

It’s not just all-in-one, it’s unified. Documentation flows into billing. Scheduling connects with reporting. AI anticipates your future needs and helps you stay one step ahead—rather than simply summarizing what has already happened. **Support isn’t an afterthought but a core part of the company.** Even better, they are industry veterans who know exactly where you’re coming from, all US-based and dedicated to your clinic’s long-term success.

Whether you’re opening a new location, onboarding staff, or launching a new service line, this path flexes with you. Check platforms like G2 and Facebook groups for raving fans. This is the type of company whose customers can’t stop saying how amazing it is to get their lives back.

What you're using vs. What you need

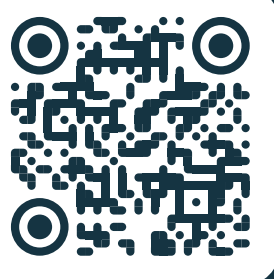
Prompt Health isn't just an EMR. It's the rehab therapy operations platform powering the next generation of outpatient rehab clinics.

Built from the ground up to streamline every part of your business, Prompt replaces the patchwork of disconnected tools with a single, modern operating system for patient care, scheduling, documentation and billing.

Category	Simple Stack	Frankenstack	Comprehensive Platform
Operational Efficiency	Minimal automation	Redundant workflows	Unified, automated workflows
Practice Growth	Limited flexibility	Breaks at scale	Built to evolve with clinic
Onboarding & Support	Overseas, reactive	Disjointed, delayed	U.S. based, clinical experts
Billing & RCM	Basic tools only	Disconnected, reactive	Integrated, proactive
Contracts	Short terms, limited features	Long terms, rigid	Flexible, partnership-focused
Culture Impact	Team fatigue	Burdened by manual processes	Empowered, aligned teams. Very little work taken home
Tech & AI	Looks modern	Bolted-on modules	Native, scalable intelligence

Meet Prompt Health

Prompt Health
isn't just an EMR.
It's the rehab
therapy
operations
platform
powering the
next generation
of outpatient
rehab clinics.



Learn more at:
PromptHealth.com

Built from the ground up to streamline every part of your business, Prompt replaces the patchwork of disconnected tools with a single, modern operating system for patient care, scheduling, documentation, billing, compensation, and patient engagement. Every workflow is integrated. Every insight is real time. Every click supports your team in delivering better, faster, more consistent care.

And with AI thoughtfully embedded across the platform, Prompt helps you stay ahead of the work, not buried in it. From no-show predictions and smart documentation tools to billing automation and patient communication, it's intelligence that lightens the load for your team and creates a smoother, more connected experience for your patients.

- **A smart, secure, and compliant EMR** that simplifies documentation and scales with your clinic
- **AI and automations that reduce busywork** and deepen patient relationships—without adding headcount
- **Revenue cycle management (RCM)** tools that streamline billing workflows and accelerate payments
- **A dedicated, U.S.-based support team** full of clinicians, billers, and rehab experts
- **Self-service kiosk and intake** for a seamless, modern patient experience
- **Flexible compensation tools** that help rehab professionals earn more without burning out
- **RTM and engagement solutions** designed specifically for outpatient rehab therapy

Whether you're a single-site practice or scaling across multiple locations, Prompt gives you the foundation to operate efficiently, grow sustainably, and keep your focus where it belongs—on the people and patients you care for. It was built by a team of business and software experts to improve efficiency for every user in the clinic and help you increase profits.

If your current system is helping you get by, Prompt is here to help you go further.

Request a Prompt [demo](#) today.