

The Essential Reference Guide

Switching Your Physical Therapy EMR



 TRIDE

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Why Consider a Switch?

Running a successful outpatient physical therapy clinic is hard enough – outdated or inefficient software shouldn't make it harder. Yet many clinic owners find themselves **fighting against their EMR and practice management system** instead of being supported by it. If therapists are burned out and complaining about documentation, billers are chasing errors, and you're constantly frustrated by your software, it may be time for a change. Modern clinics deserve modern solutions that eliminate inefficiency and let you focus on patient care and growth. This guide will help you recognize the signs it's time to switch, evaluate new vendors, and navigate the entire EMR transition process with no disruption.

What to expect: We'll start by identifying common pain points that signal it's time to move on. Then we'll outline a vendor evaluation framework and what to look for in a new system. Next, we provide a step-by-step checklist and timeline for planning, data migration, and onboarding your team. Throughout, you'll find real-world insights (including quotes from clinics who've made the switch) and tips to ensure clean claims, smooth billing, therapist adoption, and patient continuity. Finally, we include links to download guides, templates and tools you can use – like planning checklists and communication templates – to make your switch a success.

Switching EMR systems can feel daunting, but with the right approach it can **transform your practice for the better**. Let's dive in.

Is It Time to Switch? – Signs Your Current EMR Isn't Cutting It

How do you know it's time to leave your legacy EMR behind? Here are some telltale signs that your current system may be holding your clinic back:

- **Frequent Outages or Slowdowns:** If your staff is constantly complaining that “the system is down” or painfully slow, that’s a big red flag. One practice owner described their old EMR going down “every single day” with connectivity issues. Unreliable uptime not only frustrates your team but can also disrupt patient care and documentation. Mission critical software should have near-constant availability – you shouldn’t have to plan around your system’s flakiness.
- **Poor or Disappearing Support:** When something does go wrong, does your vendor promptly help – or leave you hanging? Many legacy vendors have scaled up without scaling support. For example, a clinic owner who used a widely used EMR for years noted that over time “the technical support basically disappeared”. They couldn’t even get same-day answers and were forced to submit help tickets through a clunky portal, waiting days for a response. If you feel abandoned by your software’s support team, it may be time to find a partner who will be there for you.
- **Lack of Integration (Critical Systems Not Talking to Each Other):** Does your EMR truly handle all aspects of your practice—documentation, scheduling, billing, patient engagement, and revenue management—or are you juggling logins for multiple systems that don’t fully sync? A common pain with earlier generation setups is having one system for notes, another for billing, and yet another for patient communication, forcing teams to duplicate work and reconcile errors across platforms. As one clinic administrator put it, “We were using three different systems to manage scheduling, documentation, and billing—and none of them talked to each other. We were constantly re-entering the same data and trying to figure out what fell through the cracks.” That kind of fragmented setup wastes time, adds risk, and makes scaling your practice harder. Stride redefines what “all-in-one” means by combining everything modern practices need—real-time benefits verification, AI-enabled documentation, HIPAA-compliant texting, automated reminders, digital intake, eFax, intelligent waitlists, marketing, collections tools, card processing, and plan of care tracking—into one unified platform. No add-ons. No hidden fees. Just one place to manage your entire patient and business journey.

- **Stalled Innovation and Missing Features:** Technology moves fast – if your current software hasn’t meaningfully improved in years, you’re likely missing out. Perhaps it lacks newer capabilities like automated waitlists, online scheduling and digital patient intake or AI documentation and compliance assistance. Maybe it can’t easily incorporate a specialized tool or outcome measure you need for your patient population. (One therapist who treats scoliosis patients was frustrated that for years their old EMR couldn’t incorporate a specific outcomes tool; in contrast, when they asked Stride, it was built for their launch). If the software isn’t evolving or supporting the way you practice today, it could be time for a more modern solution.
- **Increasing Administrative Burden, Not Less:** Your EMR should streamline operations, not create extra work. Signs of trouble include therapists spending too much time on documentation that doesn’t sound like them and isn’t covering the compliance checking you need, billers doing excessive manual claim fixes, or front-desk staff manually doing verification of benefits checks or manually managing cancellations and waitlists. In a healthy scenario, technology removes friction. But a legacy system often *adds* steps – for example, having to manually correct claim errors that the system should catch, or doing work outside the system because it lacks capability. If your team is experiencing “administrative chaos” – e.g. re-entering data, double-checking the system’s mistakes, or using workarounds – then the EMR is not doing its job.
- **Staff Burnout and Dissatisfaction:** Perhaps the most important sign is the human one. Are your **therapists unhappy** with the documentation demands? Do they stay late to finish notes or complain about clunky workflows? Is your biller tearing their hair out over convoluted billing processes or denials? High turnover or low morale can result if the tools make daily work onerous. One owner felt their old software was contributing to therapist burnout and turnover by forcing excessive admin work and frustration. When your team dreads using the system, it’s a clear indicator that you need an EMR that people *want* to use.
- **Negative Impact on Revenue or Growth:** Ultimately, an EMR should help your business thrive. If you’re noticing more denied claims, slowing reimbursements, or unfilled appointments in your therapist’s schedules, these affect your bottom line. Legacy systems that can’t ensure **clean, compliant claims** or that require expensive third-party add-ons for basic features end up draining profitability. Similarly, if you’ve hesitated to expand or open a new location because your software wouldn’t scale easily, that’s holding back your growth. A modern platform can boost revenue – e.g. by reducing claim errors and days in A/R or automatically filling canceled appointments – whereas a poor one bleeds dollars due to mistakes and inefficiencies.

Do any of these scenarios sound familiar? If you nodded yes to any of these, it's a strong sign that your current system is no longer the right fit. **The good news:** switching to a modern EMR can remove these roadblocks. In fact, many practices that have switched report immediate improvements – from faster documentation to quicker payments and happier staff.

For example, after moving off a legacy system, **one physical therapist said the new technology was “way ahead of the rest” and was “saving us so much time from all ends”**. Problems that once felt inevitable (like daily system crashes or months-long claim cycles) can disappear with the right platform.

In the next sections, we'll discuss how to choose the right platform and how to plan a smooth transition. But first, it's critical to approach this switch as a strategic project and change management exercise – not just a tech install. Let's talk about preparing for the change and getting your team on board.

BONUS MATERIAL:



DOWNLOAD GUIDE:
SIGNS YOUR EMR ISN'T CUTTING IT

Preparing for Change: Setting the Stage for a Successful Transition

Switching your EMR is a big undertaking, touching every part of your clinic. Success depends as much on **people and process** as on technology. Before diving into vendor demos and data exports, take some time to lay a strong foundation:

1. Involve Your Team Early and Communicate the “Why.” Change can be unsettling, especially for staff who have used the same system for years. Mitigate resistance by bringing your team into the conversation from the start. Explain *why* you’re considering a new platform – e.g. “We’re spending too much time fixing errors and not enough with patients,” or “documentation is frustrating for our therapists.” They are likely already familiar with some of the reasons why! Highlight the pain points they know all too well (scheduling gaps, documentation compliance issues, denials due to preventable errors) and let them know you’re looking for a solution. This creates a sense of urgency and purpose (“We can’t stay stuck like this”) without spreading fear. Also reassure them that their input will be valued in choosing and implementing the new system. **Open communication** and a clear vision of the benefits to come (“Imagine if documentation only took 5 minutes instead of 15...”) will get folks on board the change train.

2. Assemble a Transition Team (Change Champions). Don’t go it alone – identify a small implementation team to help plan and execute the switch. This often includes: an *owner/manager* as project sponsor, a *clinic admin or lead therapist* as the project manager, and representatives from key roles (one therapist, one front-office person, one billing specialist) to be “super users.” These folks can act as **change champions** who help train others and provide feedback from their departments. As one change management guide notes, it’s critical to delegate roles like who will train staff, who will handle IT setup, who will coordinate data migration, etc., rather than one person trying to do it all. Having a dedicated team ensures all perspectives are considered and tasks don’t fall through the cracks.

3. Assess Your Readiness and Resources. Take stock of any constraints that could impact the transition. For example, evaluate your IT infrastructure: Do you have reliable internet and enough devices for a new cloud-based EMR? (Most likely yes, if you’re already on one). Consider staff readiness: Is everyone relatively comfortable with basic tech? If not, plan for a bit of extra training or support for the less tech-savvy. Think about timing: Do you have a slower season or a week with fewer patient visits that would be ideal for go-live? Also outline your budget for the switch (including an overlap period of old/new system, any hardware upgrades, etc.). Addressing these practical questions up front will help you set a realistic timeline and avoid surprises.

4. Learn from Others and Best Practices. Switching EMRs isn't an everyday event for you, but many clinics have done it. Lean on resources and success stories. Healthcare IT changeovers (like EHR, ERP, CRM systems) have well-known best practices: **map your current workflows** (so you can replicate or improve them in the new system), conduct training *before* go-live, and don't cut over until key functionality is verified, to name a few. Also, consider any guidance your new vendor provides – good vendors will have a documented onboarding process or even a dedicated implementation specialist to guide you. Leverage their expertise! For instance, Stride assigns a dedicated onboarding team to walk clinics through setup, and they even use AI to transcribe meetings/training, so you get recordings of all training sessions for later reference. Little things like that can make a big difference in readiness.

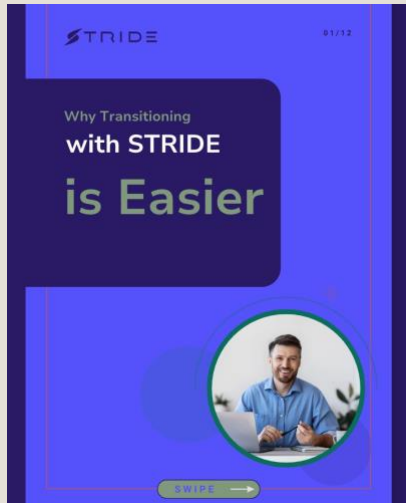
5. Set Clear Goals and Success Metrics. Define what a “successful” switch looks like for your clinic. Is it eliminating downtime? Fewer days in A/R? Therapist notes done by day's end? Having concrete goals helps focus your implementation and gives you targets to hit post-go-live. Common metrics to consider include: **time to first bill submission** (how quickly you send claims after go-live), **first-pass clean claim rate** (percentage of claims accepted on first submission), **user adoption** (are all therapists using it fully by X date), and maybe productivity measures like documentation time per note or patients seen per day. We'll revisit metrics at the end, but thinking of them now ensures you collect baseline data from your old system to compare against later. It's very motivating for the team to see, for example, that two weeks after switching, *98% of claims are getting paid on first pass* when previously it was 85% – a concrete win to celebrate.

6. Plan the Timeline. Establish a realistic timeline for the transition. Rushed implementations cause stress; you want enough time to do it right. If you're coming from a cloud EMR, the actual data migration might be quick (often done over a weekend), but you should allow time for preparation and training. A typical timeline for a small practice might be ~6-8 weeks from vendor selection to go-live. Later in this guide, we provide a detailed **Checklist and Timeline** section breaking down tasks by time frame. As a rule of thumb, once you've chosen your new EMR, expect to spend a few weeks on data export and setup, a couple of weeks on training and trial use, and then pick a go-live date (often a Monday or the start of a month for convenience). Share this timeline with your team so everyone knows what's coming and when.

Stride's onboarding follows a well-defined structure that distinguishes between **go-live** (when the Stride system is activated and configured) and **launch** (when the clinic begins using Stride with patients). Typically, the data export from your old system is sent to Stride about **10 days prior to launch**, with **go-live occurring 3 days later**, roughly **7 days before launch**. At go-live, data is imported, payer configuration begins, and future appointments are migrated into Stride. Clinical usage begins at launch, and post-launch billing training is conducted in the first week. This cadence allows for thorough setup and training without rushing the transition.

By taking these preparatory steps, you create a positive environment for the changeover. Your staff will feel involved and heard, you'll have leadership and structure in place, and you'll have a game plan that accounts for potential hiccups. Now, with the groundwork laid, it's time to turn toward the future – what do you want from your **new EMR?**

BONUS MATERIAL:



DOWNLOAD GUIDE:
WHY TRANSITIONING WITH STRIDE IS EASIER

Choosing the Right System: EMR Vendor Evaluation Framework

Selecting a new EMR platform can be overwhelming – there are many options, and all will claim to solve your problems. It's crucial to approach vendor selection methodically. Below is a **vendor evaluation framework** with key criteria to consider. Use these to compare different systems side-by-side. We'll also point out how **Stride** differentiates itself in each area, since its platform is designed specifically to address many legacy system failings.

Criteria 1: Ease of Use and User Adoption – *Will my team find it easy to use day-to-day?* This is arguably the most important factor. An intuitive interface and logical workflows mean less training required and faster adoption by staff. Look for modern, clean UI design and features that simplify tasks (like auto-populating data, templates for notes, etc.). Consider having some of your staff sit in on a demo to gauge their comfort. A system that's "easy on the eyes" and easy to navigate can significantly reduce clinician frustration.

Stride's Differentiator: *Stride was built with simplicity in mind, aiming to be the easiest-to-use PT software. One of our new customers recently told us it takes 15 minutes for their therapists to learn to use Stride compared to over a month for another system. Another clinician described getting into the new system and finding "it was so extremely easy" despite having felt overwhelmed at the idea of switching. Another noted that Stride's technology felt familiar and modern, saving time "from all ends" of the practice. Minimal training was needed because the workflows made sense right away. When evaluating vendors, ask about training time per role; if they say "only an hour or two needed," that's a good sign the software is intuitive.*

Criteria 2: All-in-One Integration vs. Fragmentation – *Does the system handle everything I need in one place?* Many clinics have suffered with a patchwork of systems – for example, using one software for EMR documentation and a separate one for billing, or bolt-on third-party apps for outcomes tracking, etc. This causes inefficiency and data silos. When choosing a new platform, prioritize **comprehensive, integrated solutions**. The EMR, scheduling, billing, and reporting should be seamlessly connected, ideally from a single vendor. No more duplicate data entry or exporting/importing between systems.

Stride's Differentiator: *Stride is an all-in-one platform (online scheduling, digital patient intake, automated verification of benefits, integrated two way patient communication, documentation with built in AI assistance and compliance checking, billing, patient relationship management) – with no need for separate software or add-ons. Everything flows through one system, which means, for example, that as soon as a patient schedules their appointment online, they receive a link to complete a digital patient intake and information flows directly into the benefits verification and even to the documentation.*

When evaluating vendors, ask if any functionality (like online scheduling, digital patient intake or AI assisted documentation) requires third-party modules or if it's native. Fewer moving parts generally means a smoother operation.

Criteria 3: Modern Technology and AI Capabilities – *Is the vendor innovative? Will the software stay current for years to come?* You don't want to switch again in 2 years because the new system fell behind. Today, "modern technology" often means cloud-based, mobile-friendly, and leveraging **artificial intelligence** or automation to work smarter. AI in EMR can assist with things like auto-suggesting documentation, spotting compliance errors, or preventing denials before they happen. A platform that uses AI can significantly reduce workload (e.g. auto-generating parts of notes or catching mistakes in real time).

Stride's Differentiator: *Stride was designed from the ground-up with AI as a core feature, not an afterthought. For example, Stride's AI-driven documentation assistant helps therapists complete notes faster while ensuring they meet compliance and medical necessity standards. It can learn individual therapist patterns and streamline repetitive documentation tasks. On the billing side, Stride's payer rules engine automates the billing process, flagging potential claim issues early, helping clinics submit clean claims on the first try. This reduces denials and speeds up payments. If a vendor has no AI or automation features, you might be looking at yesterday's technology. On the flip side, ask AI-enabled vendors for concrete examples of how it helps (beware of buzzwords).*

Criteria 4: Customization and Specialty Support – *Can the system adapt to my clinic's unique needs?* No two practices are identical. Maybe you have a niche (like pediatrics, spine, or hand therapy) that requires specific eval templates or outcome measures. Or you simply prefer your documentation formatted a certain way. A good EMR should be flexible enough to accommodate these needs – through custom templates, adjustable flow sheets, or responsive development from the vendor.

Stride's Differentiator: *Stride developed its EMR with an inherent ability to customize documentation compared to legacy systems that have a fixed structure and limit the types of changes that are possible. A great example is Spine Dynamics Physical Therapy, which specializes in scoliosis. The owner asked if Stride could incorporate a particular scoliosis screening tool and outcome calculator – something she'd been requesting from her old vendor for years without success. Stride's team got it integrated almost immediately: "First day, I ask, I have it in there... automatic calculation of the outcomes... 80% of your clientele needs a specific tool...and now it's incorporated in your system, it's so much easier" she said. This kind of responsiveness is a huge differentiator. When talking to vendors, ask for examples of how they've responded to customer feature requests or accommodated different practice styles. The right partner will show that they're attentive and adaptable to your needs (versus a rigid one-size-fits-all product).*

Criteria 5: Data Migration and Ownership – *How will my existing data move over, and who controls it?* The prospect of moving all your patient records, notes, and billing history can be scary. Evaluate how each vendor handles **data migration**. Do they assist

in extracting data from your old system? What data can be imported (demographics, schedules, notes, ledgers)? Also clarify if you will retain access to your historical data – either in the new system or via an export – because you don’t want to lose years of patient history.

Stride’s Differentiator: *Stride provides hands-on help with data migration, especially from common systems. They supply instructions for exporting your data (or will even get on a Zoom call to help, if needed). Typical data they import includes patient demographics, case information, payers, physicians, and even file attachments and treatment notes as PDFs (from some EMRs). The heavy lifting of import is done by Stride’s engineers internally over a weekend, timed right before go-live. In other words, they strive to have all your essential data ready in Stride at launch. As for data ownership, Stride emphasizes that it’s your data – you can always export it out if needed. When evaluating any vendor, ask for a clear migration plan and confirm that you won’t be stuck re-keying thousands of records manually. Good vendors will have this well documented.*

Criteria 6: Insurance Billing and Clean Claims Process – *Will this system improve my billing outcomes?* For any practice, getting paid quickly and fully is critical. Look at how the EMR handles the revenue cycle: claims submission (is there an integrated clearinghouse? do they support e-filing to all your payers?), claim scrubbing (does it check for errors before sending?), ERA posting, patient statements, etc. You want a system that maximizes **clean claims** – i.e., claims that get accepted and paid on first submission – and simplifies the whole billing workflow.

Stride’s Differentiator: *Billing is a core strength of Stride. It has automated verification of benefits, an integrated clearinghouse and a rules engine that catches many common errors or omissions before you submit. For example, if a therapist forgets to sign a note or a required field is missing for billing, Stride will flag it. One of Stride’s philosophies is “submit clean claims the first time”, thereby reducing rework and denials. In practice, clinics have found the transition to Stride’s billing to be surprisingly smooth – even aspects like payer enrollment are made easier. A Spine Dynamics PT owner admitted she was initially nervous about switching billing systems, given how difficult adding payers was in the old system, but with Stride she found “the instructions were extremely accurate and very easy to follow... I went from very, very overwhelmed to ‘oh my goodness, this is so easy’ with Stride”. In fact, after switching, she was able to bill to more payers than before because Stride helped enable additional electronic connections. That’s a powerful testament to how a good system can improve billing efficiency. When comparing vendors, ask about their first-pass acceptance rate, how they handle payer setup, and if they have client success stories about increased collections or faster payments – these indicate a robust billing solution.*

Criteria 7: Support, Training and Onboarding – *What help will I get during and after implementation?* The best software in the world can flop if the vendor doesn’t support you in using it. **Evaluate the onboarding process:** do they offer live training (in-person or remote), onboarding specialists, and resources like guides or webinars? Also, consider ongoing support: what are their support hours and channels (phone, email, chat)? Check

reviews or ask for references about support responsiveness. As we saw earlier, lackluster support can make a decent product unbearable.

Stride's Differentiator: *Stride is a newer entrant and very customer-focused – they pride themselves on **high-touch onboarding and fast, personalized support**. Every new clinic gets a dedicated onboarding manager who coordinates data migration, training, and go-live with you. Training sessions (often via Zoom) are recorded and shared, so your team can re-watch later – a huge help if someone forgets a step. They also maintain an online Support Guide (knowledge base) with articles and screenshots for common tasks. Post-implementation, Stride offers responsive support; unlike some bigger companies, you won't wait days for an answer. In fact, as a smaller company they view themselves as a partner – one client noted that unlike large platforms with "hands-off onboarding [and] slow support," Stride "focus[es] on supporting our customers fully, with reliable tools, fast onboarding, and responsive service". When talking to vendors, gauge their enthusiasm and willingness to help – the ones that ask a lot about your needs and talk about their onboarding process in detail are likely to be more supportive. Also ask how many other clinics will be going live at the same time as you (if it's a huge vendor, you might be one of dozens that week, meaning less attention on you).*

Criteria 8: Cost and Value – *Is the pricing reasonable and will I see a return on investment?* Lastly, of course, consider pricing. EMRs can range from a few hundred to a few thousand dollars per month depending on features and size of clinic. Scrutinize what's included: are there separate fees for text reminders, billing modules, or support? A low base price that requires lots of add-ons can cost more in the end. Also factor in the value of what you're getting – if a system costs a bit more but saves you one FTE's worth of time, it likely pays for itself.

Stride's Differentiator: *We don't believe in "introductory trials" for critical tools that suddenly get expensive once you're dependent on them. Our approach is designed to deliver value from day one—helping clinics increase revenue by filling schedules, reduce operating costs through automation, and cut claim denials by improving accuracy and compliance. When evaluating ROI, consider not just the monthly fee, but how many overtime hours you save, how much faster you get paid, how many patients stay on track with their plan of care, and how much time you get back for clinical care. Many of our customers find that Stride more than pays for itself in increased collections, stronger retention, and reduced stress.*

Using the Framework: We've created a scorecard with these criteria that you can use (and add any others important to you) to rate each vendor you consider. For example, score ease-of-use 1-5, support 1-5, etc., based on demos, reference calls, and trial periods. This can make an apples-to-apples comparison easier. Also, consider weighting criteria – e.g., if billing is your biggest pain, weigh that more heavily in your final decision. The goal is to choose a platform that addresses your current frustrations and will serve your clinic well *long term*. If you follow the above framework, you'll likely find that a few solutions stand out clearly above the rest.

(It's worth noting that Stride was developed precisely to check all these boxes – it was co-founded by experts who saw the gaps in legacy systems and wanted to build a better option. Many of the differentiators we highlighted – intuitive design, AI-driven efficiency, all-in-one integration, and hands-on support – come directly from how Stride is positioned to help clinics “move past the frustrations of legacy systems”. But whether you choose Stride or another platform, make sure the one you pick aligns with these best practices.)

Once you've selected your new EMR partner, the next step is execution: making the switch. The rest of this guide will focus on that **migration and onboarding process**, ensuring you have a clear roadmap from now until the day your clinic is live on the new system (and beyond).

BONUS MATERIAL:



DOWNLOAD GUIDE:
HOW TO CHOOSE THE RIGHT EMR PARTNER

The EMR Switch Checklist and Timeline

Changing your clinic's core software is a project with many moving parts. A structured checklist and timeline will keep you organized and reduce stress for everyone. Below, we break the process into phases with key tasks and tips in each. You can adjust the timing to fit your schedule, but the sequence will generally hold. Feel free to use this as a template – in fact, we recommend creating a shared project checklist (e.g. in a spreadsheet or project management app) with these items and assigning responsible persons and due dates for each.

Phase 1: 6–8 Weeks Before Launch – Kickoff

Note: “Launch” refers to the first day your clinic uses Stride with patients. “Go-Live” occurs about 7 days earlier, when the Stride system is activated and data is imported so you can begin to work in the system.

Assemble your implementation “A-team”: As discussed, identify who will be the point person for each aspect (data migration, training, IT, etc.). For a small clinic, one person might wear multiple hats, but ensure roles are clear. Also set up a regular check-in (maybe a brief weekly meeting) for this team to track progress on the switch.

If you're working with a vendor like Stride, you'll also have access to a dedicated onboarding team that mirrors your internal roles. For example, Stride assigns a Customer Success Manager, an Implementation Lead, and a Business Operations Partner—all with clinical or operational experience. One team member may be a former physical therapist assistant (PTA), another an outpatient operations director, and another an implementation specialist with billing and EMR setup expertise. Their familiarity with real clinic workflows adds an extra layer of support, making it easier for your internal champions to ramp up and lead effectively.

Establish your target launch date: Coordinate with your new vendor to pick a cutover date. Many clinics choose a Monday to start fresh on the new system. If possible, aim for the **beginning of a week or month** when patient volume might be lighter or administrative cycles (billing periods, etc.) are clean. Communicate this target date to all staff so everyone can plan (e.g. therapists should ideally close out any lingering documentation in the old system by the prior Friday).

As an example, Stride's onboarding plan includes clearly defined milestones such as site creation, clearinghouse enrollment, data export deadlines, training, and scheduled launch dates for admin and clinical use. Following a structured timeline like this helps everyone stay aligned and ensures a smooth rollout. You can reference Stride's onboarding spreadsheet as a model for your own project plan: [Stride Onboarding Plan](#).

Notify your current vendor (if needed): If you're bound by a contract or need to give notice to cancel your current EMR service, do that early. Also inquire about data export procedures now – some vendors take time to provide backups. Early communication prevents last-minute scrambling for data.

Communicate with staff and stakeholders: By 6-8 weeks out, your team likely knows a new EMR is coming; keep them in the loop on timelines. Let them know that training will happen around X date, go-live on Y date, etc. Encourage them to voice any major concerns now so you can address them. If you plan to adjust clinic operations around go-live (for example, maybe a lighter patient load that day or a temporary documentation policy), start socializing that idea. Also, if you have referring physicians or others who interact with your documentation (or billing service if external), you might inform them of the upcoming change in a general sense ("We'll be transitioning systems next month, which will modernize our documentation and billing – we don't expect interruptions, but please bear with us if any hiccups occur."). Proactive communication prevents rumors and anxiety.

Inform payers/billing partners if needed: If you use a billing service or have payers that require notification of software changes, send those communications now. Generally, payers don't need to know what software you use, but if you got a new billing NPI or submitter ID for electronic claims, that info should be updated in their systems. Work with your clearinghouse on that. If you send paper claims, ensure your new forms are aligned (most likely fine). Also, if you're switching bank accounts or payment processors with a new system's online payments, coordinate that such that payments from patients, payer deposits and electronic remittance advice continue smoothly.

Document current workflows and data: Do a quick audit of how information flows in your clinic today. For example, how does a new patient get entered and scheduled? What's your process for documenting and then billing a visit? Mapping these steps will help you configure the new system and spot anything that might change. Additionally, identify all **data sources** you need to bring over: patient demographics, active patient schedules, insurance payers list, referral sources, open patient balances, etc. Make a list of reports or exports to pull from the old system (e.g. "Active Patient List", "Insurance Companies list", "Referral MD list", "All future appointments", "Outstanding patient balance report", "Open claims report"). Getting these ready will make migration smoother.

Clean up your data: This is the perfect time to purge stale or incorrect data, so you don't import garbage into the new EMR. For instance, in your old system, inactivate any patients who are long since discharged, clear out duplicate or obsolete insurance entries, and correct obvious errors (like misspelled names or incorrect birthdays) that could cause issues. **Clean data in = clean data out.** Also, if you have a lot of old unpaid claims that are lost causes, consider writing them off now so your accounts are tidy going forward.

Phase 2: 2-4 Weeks Before Launch – Configuration and Training

Request data export from existing EMR vendor: most EMR vendors require at least 2 weeks notice to export data. You'll want to coordinate so that your data is received and complete as close to the required number of days recommended for import before the launch date. Stride does import 10 days prior to launch.

Begin any required clearinghouse enrollments 4 weeks before launch. If your new system uses a different clearinghouse or requires re-enrollment for certain payers (Medicare, Medicaid, etc.), submit those forms ASAP since approvals can take a couple weeks. Stride assists with clearinghouse transitions – clients have noted their “hand holding” made switching clearinghouse connections much easier. Still, start early to ensure all necessary payer connections are live by launch.

Configure scheduling, calendar, and templates: In the new EMR, set up your clinic's schedule template: clinic hours, therapist working hours, appointment types, and any recurrence of visits already planned. Otherwise, you may need to manually block or recreate the upcoming schedule for each therapist. Decide on a method that minimizes confusion. Also configure any documentation templates or preferences at this stage. For example, ensure initial eval, progress note, and discharge templates in the new EMR meet your needs (your vendor likely has standard ones – review and customize if needed). If you have custom outcome measures or forms, add them now. Essentially, tailor the system so that when therapists log in for training, they see *your* schedule and forms, making the training more realistic.

User accounts and security settings: Add all your staff into the new system and assign proper roles (therapist, admin, biller, etc.) with appropriate permissions. This way, when training time comes, everyone can log in to their own account. Verify login credentials and resolve any access issues now.

Conduct initial “super-user” training: Around 3-4 weeks out, it's wise to have your core implementation team or designated super-users go through a detailed training with the new system. This might be facilitated by the vendor. For instance, Stride provides a Super User Training session that is recorded. In this session, cover all the configurations (payers, settings) and walk through each workflow (scheduling a patient, documenting a visit, creating a claim, posting a payment, etc.). Because it's early, this group can then practice and become the in-house experts. They might also create reference notes or quick guides for the rest of the staff. If something in the system is confusing or not working as expected, you have time to tweak it with the vendor now. It's much better for a couple people to discover issues in a test run than for everyone to be surprised later.

Full team training sessions: Two to four weeks before launch, schedule your training for your staff. Ideally, do role-specific training in smaller groups: e.g. one session for therapists, one for front office, one for billing. This way each can focus on the features they use most. Your vendor may lead these or your trained super-users can. For therapists, focus on how to find patients, document notes (perhaps have them each document a mock visit), and how to navigate to any new features (like home exercise program or outcome tracking if included). Emphasize time-savers that the new system provides – winning them over with things that are easier now than before (for example, if AI notes or voice dictation are available, let them try it and see the efficiency). For the front desk, training will cover patient intake, scheduling, and any insurance verification steps. For billers, training covers claim creation, submission, and payment posting. Make these sessions as hands-on as possible. Also reassure everyone: the first couple days will be a learning curve, but they have resources (and the system’s support) to lean on. Pro tip: **record these training sessions** (if the vendor isn’t already doing it) so staff can replay them if needed. Keep the recordings easily accessible.

Start informing patients (if applicable): You don’t necessarily need to announce to patients that “we’re switching software,” but if it will affect them in any visible way, plan for communication. For example, if there’s a new **patient portal** or online intake forms, you might prepare an email or handout to explain how they will access it after the switch. If billing statements or receipts will look different, some patients might have questions – a simple note on the statement like “We’ve upgraded our systems – please note the new statement format” can preempt confusion. The key is ensuring continuity of care: the transition should feel seamless to patients, but a heads-up about any changes they’ll see is courteous.

Phase 3: 1–2 Weeks Before Launch – Go Live: Data Import, Payer Configuration and Starting to Schedule

Export and transfer data to new system: About 10 days before launch, you’ll want to get your data out of the old system and into the new. Follow your new vendor’s instructions here. With Stride, for example, they typically have you download Excel/CSV files of patients, payers, physicians, etc., and securely send them over for import. They might also take a backup of clinical notes or PDFs if provided. Aim to extract at least the core data (patients, payers, balances) at this point, so there’s time to import and verify it. (Some data, like **schedules** or any very new patients, you might export again closer to go-live for the most up-to-date info.) The goal is to avoid a rush in the final week – get the bulk of data migration done early.

Configure payers and billing rules: 7 Days Prior to launch, once your data is loaded, one of the most critical configuration tasks is rebuilding your **payer**

profiles in the new system. This includes inputting each insurance company you work with, their electronic payer ID or claim address, your clinic's billing identifiers (NPI, Tax ID, etc.), and fee schedules or billing rules if applicable. Some of this might be imported from your data file (Stride would import the list of payer names you used), but you likely need to fill in details in the new system's settings. Stride's onboarding will walk you through Payer Configuration during a training session. They don't automatically import fee schedules or custom rules, so you'll set those up manually with guidance. This is time-consuming but *vital* for clean claims. Pro tip: prioritize your top 5-10 payers (by volume) first – get them set up perfectly, maybe even send test claims (in training mode) if possible. That way most of your revenue is secured, and you can fill in less common payers as you go.

Verify migrated data and settings: Before the final cutover, do a thorough review of the new system's data to ensure nothing critical is missing or incorrect. Spot-check a few patient records (name, DOB, insurance) against your old system – do they match? Run a report of patients in the new system – does the count match what you expect? Also verify insurance payer setup by maybe creating a dummy claim or using any built-in claim validator. Ensure your therapists are all listed correctly with credentials, your clinic info is correct on settings that will print on notes or claims, etc. If you find any gaps (e.g. "we're missing Dr. Smith in the referring physician list" or "UnitedHealthcare's payer ID is wrong"), fix them now or inform the vendor to fix. It's much easier to address before you have real patients going through.

Schedule upcoming patients: Incremental Scheduling Strategy: How to Migrate Appointments Without Disruption

One of the most effective ways to transition future appointments from your old system to Stride is by using a *day-by-day, week-by-week* scheduling approach. This strategy reduces the risk of errors, keeps your team focused, and ensures that recurring visits don't fall through the cracks.

Here's how it works:

- **The first day of Go Live and each day thereafter**, pull up the list of patients scheduled in your old system for that specific day (e.g., Monday's patients).
- As each patient arrives or is confirmed, **schedule their upcoming appointments in Stride**—not just the next visit, but **all future recurring appointments** through the duration of their current plan of care.
- Reference their current schedule in the legacy EMR to replicate the appointment cadence in Stride (e.g., 2x/week for 4 weeks).
- This process continues **daily**, and by the time launch week arrives, **many recurring appointments have already been rebuilt** in Stride and are ready to go.

- This method also helps identify patients whose plans of care are off track or incomplete allowing your team to proactively re-engage them and get their care plans back on schedule.

This strategy minimizes disruption, eases front desk workload, and creates a natural cutoff point: the old system continues to manage today's visit, while Stride becomes the system of record for tomorrow. Clinics using this approach often report a smoother go-live with fewer surprises and less stress for both staff and patients.

Plan the cutover logistics: Decide the specifics of the switch moment. Often the last day on the old system is the day before go-live. Some tasks to handle:

- **Schedule freeze:** Determine when you will stop entering new appointments or patient info into the old system. Many choose to have the last appointment of Friday in the old system, and anything that gets booked over the weekend (for future) goes straight into the new system which you'll use starting Monday. (**See our note in the next section about the incremental scheduling approach.**)
- **Documentation cutoff:** Instruct therapists to complete all notes for the week in the old EMR by end of day Friday (or within whatever grace period your transition allows). If any notes are still pending, have a plan (you might have them do those during the transition overlap period. **See our note in the next section about the Transition Note strategy for continuity of documentation.**)
- **Billing cutoff:** Plan that all charges for services up to the cutoff date will be handled in the old system, and all charges from go-live date forward in the new. Do **not** mix dates as that leads to confusion. For example, if go-live is Nov 1, then any Oct dates of service should be billed out of the old system (or at least not double-entered into new). Stride recommends leaving all existing open claims in the old system to finish processing there, which keeps things cleaner.
 - **Old system access:** Ensure you will retain access to the old system for at least some time (most vendors allow read-only access after termination for a period, or you might keep one license active for a month or two). You'll need it for any outstanding items and historical lookup.
 - **Communicate cutover to staff:** Make sure everyone knows: "Starting Monday, **do not use the old system at all**. Log into Stride first thing." Sometimes muscle memory is strong – a therapist

might instinctively try to schedule in the old calendar. Gentle reminders and perhaps even removing old software shortcuts can help.

Phase 4: Launch – Start Working In the New System

Creating a Patient Transition Note: A Clean Handoff for Continuity of Care

As you begin seeing patients in Stride, it's essential to equip your therapists with the context they need without requiring them to toggle between systems. That's where the Patient Transition Note comes in—a simple but powerful practice that gives each patient a fresh start in Stride while preserving key clinical information from your legacy EMR.

Why It Matters

This note acts as a clinical bridge: it summarizes the patient's goals, current treatment approach, and any other important context from the previous system. It allows therapists to avoid re-entering detailed histories, while still maintaining continuity and clarity. It also reduces reliance on the old EMR during day-to-day care.

What to Include in a Transition Note

For existing patients, Stride uses a specific note type called Progress Note – Transitional, which replaces the need to complete a new Initial Evaluation. This note is designed to bridge the clinical handoff from your old system to Stride. It populates plan-of-care tracking fields (e.g., visit frequency, progress note count, certification period) and gives therapists a structured way to summarize each patient's goals, treatment focus, and key history from prior documentation – all without double-charting. It can be brief—just a few bullet points—but should include:

- Summary of current goals (e.g., “Improve gait mechanics and endurance for return to work.”)
- Key findings from prior assessments (range of motion, strength deficits, postural issues)
- Current treatment plan and frequency (e.g., “3x/week, manual therapy and neuromuscular re-ed”)
- Special considerations (pain triggers, preferred cues, barriers to progress)
- Discharge target or timeline, if applicable

Workflow Tip:

To keep this manageable:

- Add it as a template or favorite note in Stride with predefined headers so therapists can quickly fill it out.
- Make it part of your internal go-live checklist: “Create transition a note for each returning patient seen in Stride.”
- Limit it to active patients whose care is ongoing.

What About Old Notes?

If we’re bringing your past documentation into Stride as PDF attachments, you’ll also have access to prior evaluations, progress notes, and flowsheets directly within the patient record. These are typically added as read-only documents, which means you don’t need to log in to your legacy EMR for clinical history—everything is in one place.

Perform final data migration (over the weekend): It’s showtime! Often the final migration steps happen the weekend just before go-live. This may include importing any data that needed a last-minute refresh (like the latest appointments or patient balances as of Friday). With Stride, our engineers schedule the import over the weekend and confirm when it’s done. You might receive an email Sunday that “Your data is now live in Stride” and you’re set. Take a backup of your old system data at this point as well (for your own archive) if you haven’t already.

Kickoff the new system in the morning: On go-live day (e.g. Monday morning), gather your team a little early for a quick kickoff meeting. Recap the key points: all activities now in the new EMR, where to get help (e.g. “Jane is our in-house super-user, and Stride support is on standby via chat/phone for us”) and encourage a positive mindset. If possible, **don’t overbook the schedule on day 1.** Give therapists some buffer time between patients to get used to the new workflow. Maybe a lighter load or a few fewer visits will allow everyone to slow down and learn without pressure (the ROI of training outweighs one day of slightly fewer visits).

Have support at the ready: Ensure that your vendor’s support is indeed available and responsive during your launch. Stride, for instance, is known to be very hands-on during go-live – they want to see you succeed with zero downtime. Keep important phone numbers or chat links handy. Also internally, have your super-users float around to assist colleagues. Perhaps the clinic director or an extra front-desk person is free to troubleshoot so that patients aren’t kept waiting if someone struggles to do something in the system initially.

Enter new data only in new system: It sounds obvious, but in the chaos of a busy day some might revert to old habits. Be clear that *all new patient info, scheduling, and documentation must be in the new EMR.* No sticky notes or side systems as a crutch – you want to capture everything in one place from day one. This ensures completeness and that no appointment or charge is accidentally left out because it lived outside the system. If something absolutely cannot be done in the new

system due to a technical issue, have a designated log so you know to fix it later – but avoid using the old system as a transactional backup.

Monitor critical processes in real-time: On day one and that first week, keep a close eye on the most important processes: *Scheduling* – is every appointment being booked correctly and visible on everyone’s calendars? *Documentation* – are therapists able to finalize notes and sign them? *Charging/Billing* – do all visits have charges, and are claims being generated? *Check-in/Check-out* – can the front desk collect copays and mark visits arrived? Do a midday huddle to address any issues. For example, maybe a therapist didn’t realize how to finalize a note – catch that before 10 notes pile up. Or the front desk wasn’t sure how to log a payment – show them before money goes missing. Treat the first day as an extension of training.

Celebrate small wins: At the end of the first day, congratulate the team – “Day 1 on the new system is in the books!” Acknowledge that there were challenges, but they handled them. Perhaps share an anecdote of something that **improved** today – e.g., “Hey, Jane (therapist) finished her notes by 5pm for the first time in months” or “Check-out was smoother for patients thanks to the new system’s kiosk.” Positive reinforcement will keep everyone motivated through the adjustment period.

Phase 5: Post Launch – Stabilization and Continuous Improvement

Closely track billing and claims: In the first weeks, your billing process needs careful monitoring to ensure revenue keeps flowing. Check that **electronic claims are going out daily**. Verify acknowledgments from the clearinghouse – no news is not good news; you want to see confirmation that claims were accepted. Stride’s system will flag if an ERA (electronic remittance) comes in that doesn’t match a claim in Stride (meaning it was likely from the old system). That’s a helpful feature – use those flags to make sure you don’t lose track of old claims payments. Continue to work your old system’s A/R for remaining claims – perhaps set aside an hour a week to check any rejections or to post payments for old claims in the old system until they’re resolved. Over about 60-90 days, the old claims will dwindle as they get paid or written off. Meanwhile, for new claims in Stride, watch the **first-pass acceptance rate**. Ideally, you’ll see a high rate (close to 100%). If any new claim denials occur, tackle them immediately – was it a configuration issue (e.g. payer info wrong) or a user entry issue? Fix it so it doesn’t repeat. By staying on top of claims, you ensure no disruption in cash flow. Many clinics switching to Stride find they speed up collections because claims go out faster and cleaner – track this metric to quantify your improvement.

Support your staff and gather feedback: In the weeks after go-live, hold brief check-ins with staff. Ask therapists how documentation is going – any templates they wish they had, any frustrations? Ask the front desk if scheduling makes sense and if patient intake is flowing. Oftentimes, after using the system “for real,” staff will have great suggestions or will point out minor tweaks needed. Perhaps they want a custom field added to track something, or the appointment colors on the calendar aren’t intuitive and need changing. Bring these to your vendor – a nimble vendor like Stride can often adjust configurations or even add minor features quickly to keep you happy. Also encourage staff by reminding them of improvements: “Notice how we no longer have to log into two systems to post a payment – isn’t that nice?” or “Already our no-show rate is down because the new reminder system is working.” Some wins will take time, but highlighting even small efficiencies can turn former skeptics into advocates.

Minimal downtime realized? Keep it up: One common concern was downtime. If the new system has been running without a hitch (very likely if cloud-based and well-maintained), point that out. *“We’ve had zero downtime during clinic hours since we switched”* is a huge morale booster for staff who dealt with system instability before. It reinforces that the effort of switching was worth it.

Manage old patient balances and accounts: One tricky area post-switch is handling outstanding patient balances or installment plans that carried over. Hopefully you transferred these either by importing a balance forward into Stride or by keeping the old system alive for billing those out. Decide on a consistent approach: Some clinics will bill patients for old balances from the old system separately and only use the new system for new charges. Others input the owed amounts into the new system so the patient gets a single statement. There’s no one right way – do what’s simpler for your bookkeeping. If you do import balances into Stride, verify those carefully and perhaps put a note on those accounts that the balance includes a transfer from the previous system (just in case of any patient query). Stride’s team can advise if they have a best practice for this. The key is to ensure patients get billed and you get paid for all that is owed, without duplication or confusion. Set a timeline – e.g. “By 3 months post go-live, all old balances should be collected or moved over.”

Measure against your success metrics: Remember those goals you set back in planning? Now’s the time to see the impact. Gather data after the first month or two on the new system. For example:

- Documentation time: survey therapists on how long notes are taking now versus before (or use system logs if available). Many will report significant time savings once they’re comfortable. One clinic’s therapists were thrilled that with AI assistance, notes that used to take 10+ minutes were done in 5, freeing them to see an extra patient or go home earlier.
- Clean claim rate: calculate your claim denial percentage now. If you configured things right, you might see denial rates drop considerably. For

instance, if you previously had 10% of claims rejected for coding/errors, maybe now it's 2% – meaning 98% clean claims as Stride aims for.

- Days to payment: measure the average days from date of service to payment. Faster documentation and quicker claim submission can shave days off this cycle, improving cash flow.
- Staff satisfaction: simply ask your team “How do you feel about the new system compared to the old?” If you did it right, the response will be positive – perhaps not immediately on day 2, but within a few weeks as they settle in. The Spine Dynamics owner, after going live on Stride, essentially said her stress turned to delight because things were *easier* than before across the board.
- Patient experience: this one might be subtle, but did you get any feedback from patients? Maybe fewer complaints about billing errors, or patients appreciate the new portal or automatic appointment reminders (if those features are part of the new system). Happy patients often mean better retention and more referrals.

Share these wins with the clinic. It's important for everyone to see the payoff of the effort they put into switching. For example: *“Our first month on the new system, we completed 15% more visits and reduced billing denials by 90%. That translates to an extra \$X in revenue. Great job everyone!”* This kind of result-oriented feedback closes the loop and reinforces the change.

Decommission old system and celebrate: After a couple of months, once you're confident all necessary historical data and claims have been handled, you can fully retire the old system. Export any final reports for archive (you never know if an audit year down the road might need an old record – keep a backup of data). Then, ceremoniously cancel that subscription! Consider a small celebration with your team for successfully transitioning. This could be lunch, treats, or even just a round of applause in a staff meeting. Recognize the champions who led the effort and the whole team for adapting. Change is hard, and they did it. Now you're all on a platform that will support the clinic's growth and make everyone's work-life better.

BONUS MATERIAL:



DOWNLOAD CHECKLIST:
The EMR TRANSITION PLAN & CHECKLIST

Ensuring Patient Continuity and Minimizing Disruption

Throughout the process, one overarching priority is **maintaining patient care continuity**. We've touched on this, but let's summarize a few patient-focused tips to make sure the switch is invisible (or positive) from the patient's perspective:

- **No missed appointments or lost patient data:** By transferring schedules and patient records ahead of time and double-checking them, you ensure that **no patient falls through the cracks**. Every patient who was on the calendar or had an active plan of care in the old system should appear in the new one. It can help to run parallel lists for the first week: a list of who's coming in (from the old system's last export vs the new system's schedule) to make sure they match up. Patients should not notice any change in how they're booked or reminded, other than perhaps receiving a different style of reminder message if the new system has one.
- **In-process treatment plans and authorizations:** If a patient is mid-way through a plan of care or you have authorizations in place, carry that info forward. For example, if John Doe has 8 of 12 authorized visits used in the old system, input that somewhere in the new EMR (many have an auth tracking feature) so you continue to track remaining visits. Similarly, active prescriptions or referrals should be noted. You might not import *all* historical notes but do ensure that key clinical info is accessible – whether by keeping the old system read-only for reference or by downloading PDFs of recent notes and attaching to the patient's file in the new system. The treating therapist should have what they need to seamlessly continue care. Our recommended strategy is to write a brief **transition summary note (see “Creating a Transition Note” in the prior section)** in the new EMR for each active patient, outlining their diagnosis, where they are in treatment, and any important info (like precautions or goals). This serves as a quick reference in the new system without digging into the old one.
- **Patient communications:** As mentioned, inform patients of any changes that affect them. On the positive side, you can even market the switch as an upgrade: “We've implemented a new system to better serve you – including features like simpler intake forms and enhanced privacy protections” (if applicable). If there will be a new portal, send sign-up instructions promptly so patients can register and continue viewing their appointments or bills online. If your check-in process changes (say you introduce a tablet sign-in or new consent forms via the system), have staff assist patients in the beginning. Overall, patients should feel that you invested in improving the clinic (which you did), not that the clinic is disorganized. Proper planning makes all the difference here – and your front desk's attitude too. If they confidently navigate the new system, patients will

barely notice a difference aside from maybe “Your receipts look different now.”

- **Financial continuity for patients:** Ensure that patient balances and superbills carry over correctly, so patients aren’t incorrectly billed or left confused. If sending statements from the new system for the first time, perhaps add a line: “Balance forward includes any unpaid amounts from prior visits.” Be ready to answer questions like “I got a bill, and it looks different – is it still from you?” – a quick explanation that “Yes, we changed our billing software, but the amount is correct and for your therapy sessions” will suffice. For patients on payment plans or auto-pay, you’ll need to re-establish those in the new system if possible (and get their payment info securely transferred or re-collected with consent). Do this proactively to avoid any missed payments or double billing.
- **No downtime for patient care:** Aim for **zero clinic downtime** during the transition. If you follow the guidance (weekend cutover, no service interruption), your clinic should not have to cancel patients or stop operations. Many clinics successfully go live on a Monday and see a full day of patients – the difference is all on the back end (new screens, new workflows) but patients still get treated as scheduled. It’s certainly possible; countless healthcare organizations have done major system go-lives without closing their doors. It just takes preparation and the commitment of everyone to keep things moving. In the rare case that an issue arises (say the new system had an outage – unlikely, but have a contingency), be ready with paper notes or offline scheduling to bridge any gap so patients are not turned away. But given modern cloud reliability, a well-implemented switch should not require any patient-facing downtime.

By focusing on these continuity elements, you’ll retain patient trust and avoid any loss of revenue or care gaps. From the patient’s point of view, their therapists are still giving great care, and if anything, maybe the clinic seems even more on top of things (since the staff now have a better tool).

BONUS MATERIAL:



DOWNLOAD CHECKLIST:
Evaluating Outpatient Rehab EMR & Billing Software

Real-World Success Story: Spine Dynamics Physical Therapy's Smooth Switch

Let's look at how one clinic navigated this journey. **Spine Dynamics Physical Therapy**, a solo practitioner clinic in Michigan, recently switched from WebPT (which they had used for 8 years) to Stride. Their experience highlights many of the points discussed in this guide:

Background: Spine Dynamics PT specializes in scoliosis and spine rehab. They had been using WebPT for documentation and Therabill for billing (two systems linked together). Over time, they grew frustrated with the setup – *"the system went down every single day"* and support was unhelpful. Because WebPT and the billing system weren't fully integrated, the owner (and sole PT) had to do a lot of double work, like manually entering payments from one system into the other. As the clinic's volume grew, these inefficiencies became unacceptable. The owner also needed a specific scoliosis outcome tool which WebPT never accommodated. She knew it was time for a change.

Vendor Selection: She evaluated newer EMR options and was impressed by Stride's modern approach. The decision was sealed when Stride's team demonstrated how they could embed the scoliosis measurement tool she needed right into the system – something she *never* got from the legacy vendor. That responsiveness gave her confidence that Stride would be a true partner. Additionally, the promise of integrated billing with AI checks for errors (to avoid those dreaded manual corrections) spoke directly to her pain points.

Preparation: With Stride's guidance, Spine Dynamics PT prepared for the switch over about one month. They exported patient demographics, payer lists, and other data from WebPT. Stride's engineers handled importing those into the new system over a weekend, so there was no manual re-entry of charts. The clinic's owner did a thorough cleanup of her data beforehand – removing old inactive patients – so the import was clean. For training, since it was just her and an assistant, they scheduled a couple of Zoom sessions. She found the **training sessions were recorded** and sent to her, which she loved: *"after a training session we get that recording... so you can just go back and pull [it up]"* when needed. This meant she didn't have to memorize everything on the spot; she could reference the video later if she forgot a step.

Go-Live and Onboarding: She chose a Monday at the start of a new month to go live, giving a natural cutoff for billing. The go-live went smoothly – *zero downtime*. All her patient records were in Stride, and she continued seeing patients without interruption. One of her biggest worries was setting up all her insurance payers in the new system, as her past experience with adding a new payer in the old system was painful. But Stride turned that into a non-issue: *"once I got into [Stride]... it was so easy, extremely easy"* to set up payers, she said. For a few complex payers that required external enrollment (Medicare, etc.), Stride provided step-by-step instructions which she followed.

successfully. In the end, she actually **expanded her payer network**: “we have a lot more payers that we can submit claims [to] now than we did before” , because Stride’s clearinghouse connections were more extensive and efficient. Within the first week, every claim she submitted via Stride was accepted on the first pass – an immediate improvement from the old days of frequent rejections.

Results: After switching, Spine Dynamics saw several benefits:

- **Time savings:** Documentation and admin time dropped significantly. The owner noted, “It’s saving us so much time from all ends that it’s incredible.” With the new system’s shortcuts and AI, she could finish notes faster and focus more on patients. The billing process also took less of her time thanks to fewer errors and automation.
- **Better patient care tools:** Having her needed scoliosis outcome instrument built into Stride from day one was a game-changer. “When 80% of your clientele needs a specific tool... and now it’s incorporated in your system, it’s so much easier,” she explained. No more switching to paper or external apps for that assessment – it’s all in one place.
- **Reliable performance:** The system outages she suffered before became a bad memory. With the new platform, she experienced consistent uptime and speed. This reliability reduced stress for her and her staff – no more telling patients “sorry, our computer system is down.”
- **Responsive support:** Whenever she had a question during onboarding, the Stride team was quick to answer with knowledgeable help. This was a stark contrast to her previous vendor, where “there was no way to get an answer the same day” and support staff often didn’t understand the issue . Feeling supported gave her confidence to fully use the system’s features.

Perhaps the best summary of her experience was her feeling at the end of the transition. Initially, she was understandably anxious about switching (change is never easy). But after going through it, she said: “Oh, my goodness, this is so easy.” The move that she once feared turned out to be one of the best decisions for her practice.

Every clinic’s story will be a bit different, but the success of Spine Dynamics PT shows that with the right partner and preparation, an EMR switch can not only avoid the nightmare scenarios (downtime, lost data, chaos) but deliver quick wins – from day-one feature improvements to long-term efficiency gains.

Conclusion: Embrace the Opportunity for Improvement

Switching your outpatient PT clinic's EMR and practice management system is a significant project – but one that can rejuvenate your practice's efficiency, profitability, and even clinic culture. If you're experiencing the headaches of a legacy system, making the leap to a modern platform like Stride can feel like a breath of fresh air. Therapists get more time with patients (and less with paperwork), front office workflows become simpler, billing errors drop to near zero, and owners finally feel supported by their technology rather than hindered by it.

By recognizing the signs that it's time to switch, carefully evaluating your vendor options, and following a structured implementation plan, you set your clinic up for success. Yes, there will be challenges and a learning curve – that's normal. But with strong leadership, clear communication, and the right support, your team will adapt and likely end up wondering why you didn't switch sooner.

In this guide, we covered the journey end-to-end: from the initial realization ("we can't live with this system anymore") to preparing your team, migrating data, training, go-live, and post-live optimization. We've interwoven change management best practices so that you're not just changing software, you're managing a smooth transition for your people. And we highlighted how Stride differentiates itself in key areas – not to be pushy, but to show that solutions do exist for the very problems you're facing with legacy software. The experiences of clinics like Spine Dynamics PT demonstrate that these aren't just theoretical benefits; they're real and attainable.

As you plan your own switch, keep the end vision in mind: a thriving, efficient clinic where technology truly works *for* you. Imagine looking back a few months after go-live and seeing measurable improvements – faster documentation, lower AR days, happier therapists, and maybe even growth opportunities now that you're not bogged down in admin issues. That is all within reach with a successful EMR transition.

We encourage you to use the tools provided, involve your entire team in the process, and maintain open lines of communication with your new vendor partner. If you choose Stride, know that you'll have a team that's **invested in your success** every step of the way (one of their mottos: *"we're not just a software provider – we're a partner in your clinic's success"*). And if you choose another route, many of the same principles apply – demand excellence from whichever vendor you go with.

In closing, switching EMRs is not just an IT upgrade, it's a strategic move for your business. Done right, it will future-proof your clinic and free up your staff to do what they do best – deliver exceptional patient care. The transition period is temporary; the benefits will be long-lasting. So take the leap with confidence, backed by best practices

and lessons learned. Here's to smoother workflows, more clean claims, a more empowered team, and a thriving practice on the other side!

Thank you for reading this comprehensive guide. We hope it serves as a helpful roadmap on your journey to a better EMR. If you'd like to see how Stride can specifically support your clinic's switch, or if you want to hear more success stories from clinics who have made the change, please reach out – we're here to help.

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