# Physical therapy & Primary Care

Patient Care Management Models

&

The Initial “Examination/Evaluation”

# PRIMARY CARE PHYSICAL THERAPY MODEL: OUTCOMES

- PTs are being utilized as non-physician health care providers
  - ("physician extenders")

- This system is very successful and currently in use in the Army.

# PRIMARY CARE PHYSICAL THERAPY MODEL: OUTCOMES

- **Neuromuscular evaluations**
  - Prompt evaluation and treatment for patients with neuromuscular conditions (when direct access to PT was available)
  - Promotion of quality health care
  - Decrease in sick call visits
  - More appropriate use of PT education, training, and experience

# EVOLUTION OF THE PRIMARY CARE MODEL & THE APTA'S VISION 2020

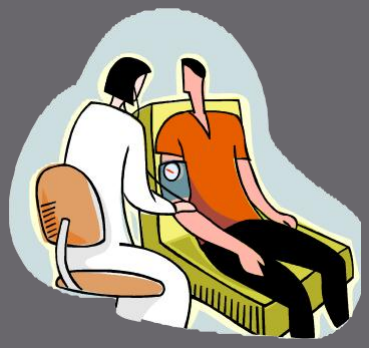
- PTs are involved with more than just the direct patient care and neuromuscular system.

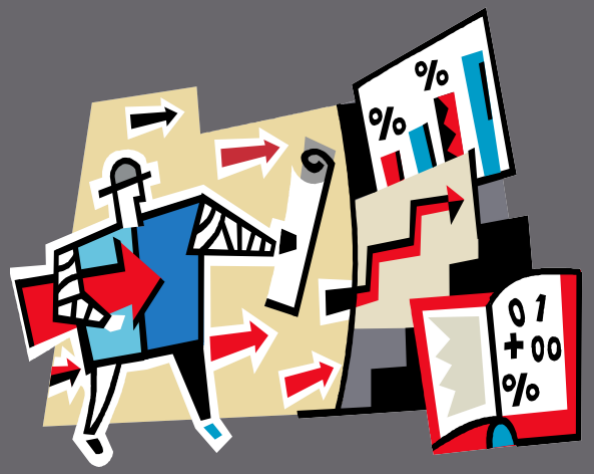
# EVOLUTION OF THE PRIMARY CARE MODEL & THE APTA'S VISION 2020

- Practice settings are more inclusive and multidisciplinary and may include professionals from other disciplines who the PT refers patients to when appropriate.
- This might include physicians, dentists, radiologists, psychiatrists, nurses or other credentialed health care professionals.

# EVOLUTION OF THE PRIMARY CARE MODEL & THE APTA'S VISION 2020

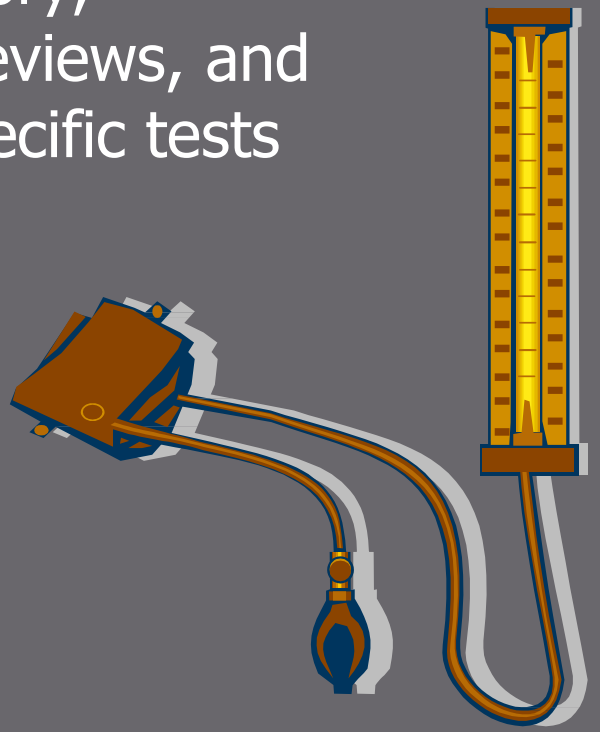
- PTs are also involved in the areas of: service improvement for patients, quality of health care, research, and treatment intervention, etc.





# THE ELEMENTS OF PATIENT MANAGEMENT

- Examination:
  - the process of obtaining a history, performing relevant systems reviews, and selecting and administering specific tests and measures to obtain data.



# THE ELEMENTS OF PATIENT MANAGEMENT

- **Evaluation:**
  - A dynamic process in which the PT makes clinical judgments on the basis of data gathered during the examination.

# THE ELEMENTS OF PATIENT MANAGEMENT

- **Diagnosis:**
  - Both the process and the end result of evaluating information obtained from the examination, which the PT then organizes into defined clusters, syndromes, or categories to help determine the most appropriate intervention strategies.

# THE ELEMENTS OF PATIENT MANAGEMENT

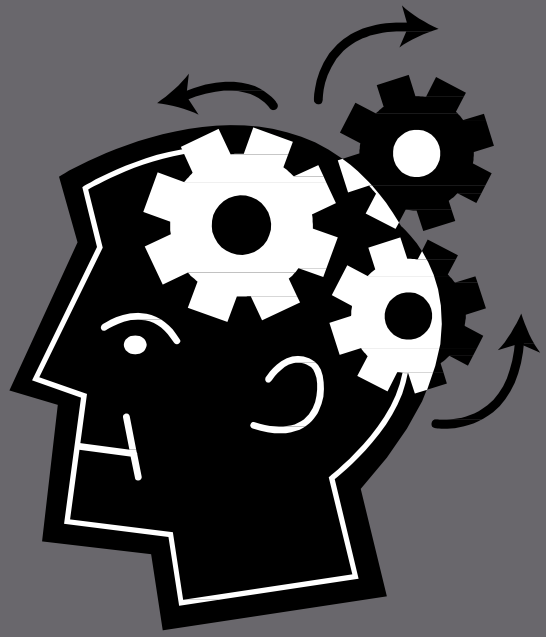
- **Prognosis:**
  - Determination of the level of optimal improvement that might be obtained through intervention and the amount of time required to reach that level.

# THE ELEMENTS OF PATIENT MANAGEMENT

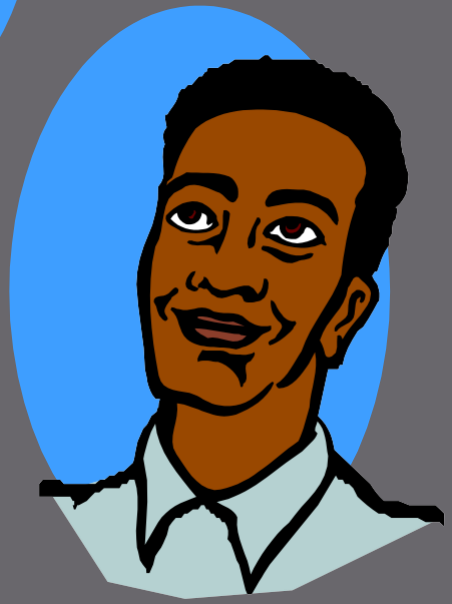
- **Intervention:**
  - Purposeful and skilled interaction of the PT with the patient and, if appropriate, with other individuals involved in the care of the patient using various physical therapy methods and techniques to produce changes in the condition that are consistent with the diagnosis and prognosis.

# PATIENT EXAMINATION PROCESS

- Obtaining a history
- Performing relevant systems review
- Selecting and administering specific tests & measures to obtain data



- What role does cultural competence play in the examination process?



# WHAT IS CULTURAL COMPETENCE?

- It is "a set of behaviors, attitudes, and policies that come together on a continuum to enable a system, agency, or individual to function effectively in transcultural interactions."

# WHAT IS CULTURAL COMPETENCE?

- Developing a rapport to facilitate communication
- Recognizing personal functional concerns of patients
- Incorporating patient's individual needs and concerns into the treatment intervention.
  - (Body Ritual Article from Anthropological Association)

- “I know that you believe you understand what you think I said, but I am not sure you realize that what you heard is not what I meant.”

*Anonymous*

# LISTENING: AN ACTIVE PROCESS

- "Listening is itself, of course, an art; that is where it differs from merely hearing. Hearing is passive; listening is active. Hearing is voluntary; listening demands attention. Hearing is natural; listening is an acquired discipline."

# LISTENING

- The average person spends approximately 45% of their waking hours involved in listening activities with an efficiency of 25%.

- Listening becomes effective only when what is said is only heard and understood.

# LISTENING

- Listening requires that the listener grasp the true meaning of what is communicated through verbal and nonverbal cues.

# LISTENING

- Effective listening is hindered by a number of factors:
  - The unwillingness of the listener
  - The listener attending only to what he or she wishes to hear (selective listening)

# LISTENING

- Effective listening is hindered by a number of factors:
  - The listener's thoughts wandering
  - Language differences leading to perceptual differences between the speaker and the listener

# NONVERBAL COMMUNICATION

- "Looking (observing) is itself a skill: that is where it differs from merely seeing. Seeing is passive; looking is active. Seeing is natural; looking is an acquired discipline."

# NONVERBAL COMMUNICATION

- The verbal may not match the non-verbal communication and the non-verbal messages may be stronger, quicker and more direct than the verbal messages.

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# NONVERBAL COMMUNICATION

- Non-verbal messages are subconscious reflex actions and can be more genuine than verbal communications.

# OPEN-ENDED VERSUS CLOSED-ENDED QUESTIONS

**Open-Ended**

- What makes your discomfort worse?
- What happens to your discomfort at night?
- How did you feel after your last visit?
- Can you describe your discomfort?
- How do you feel when you wake up?

# OPEN-ENDED VERSUS CLOSED-ENDED QUESTIONS

**Closed-ended**

- Does bending increase your discomfort?
- Does the discomfort worsen at night?
- Were you any better after your last visit?
- Is your discomfort sharp or dull?
- Are you still sore when you wake up?

# THE PROCESS ITSELF…

- Review medical history/patient profile
- History/interview begins
- What were the functional complaints/functional limitations?
- Is there any other relevant medical history?
  - The more co-morbid conditions that are present, the longer the course of rehabilitation.

# THE PROCESS ITSELF…

- Review of other systems or general health of the patient
- Review of specific systems

# THE PROCESS ITSELF…

- Review of other systems or general health of the patient
- Review of specific systems
  - Cardiovascular
  - Pulmonary
  - Gastrointestinal
  - Urogenital
  - Psychological
  - Endocrine
  - Nervous
  - Integumentary

# THE PROCESS ITSELF…

- Physical examination of the patient
  - Vital signs
  - Height/weight
  - Upper/lower quarter screening exams
  - Systems review



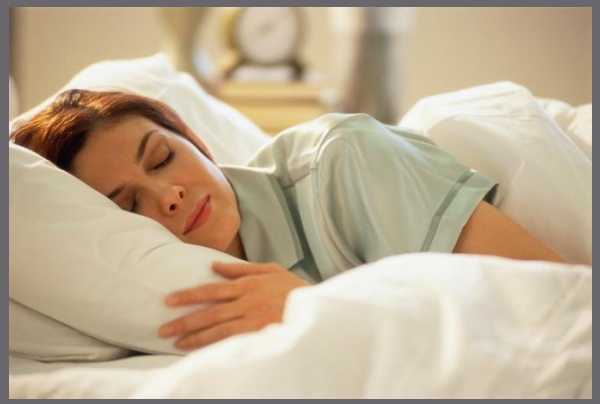

# THE PROCESS ITSELF…

- Evaluation of the data (ongoing throughout the process)
- Decision
  - **Treat**
  - **Treat and refer**
  - **Refer only**

# THE PROCESS ITSELF…

## Behavior of Symptoms

- Patients should be asked questions about their symptoms regarding the site and intensity changes over a defined period of time.
- Is there a relationship between the symptoms and rest, activities, time of day (morning, midday, evening or night) and/or position?



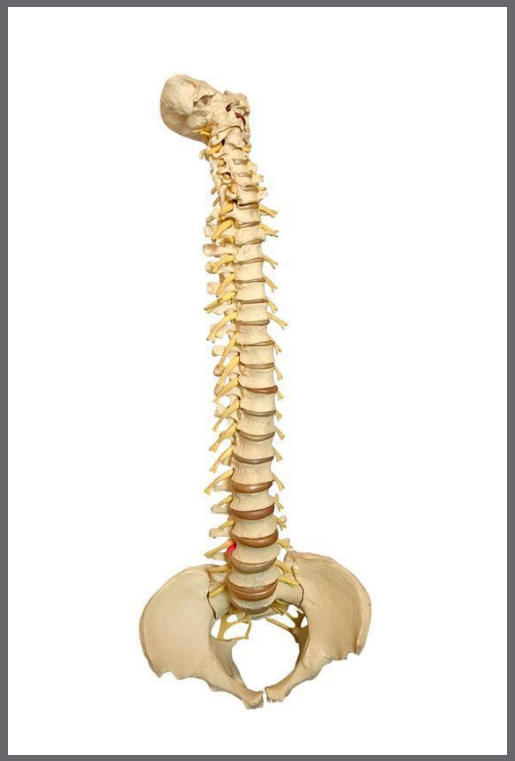
# THE PROCESS ITSELF…

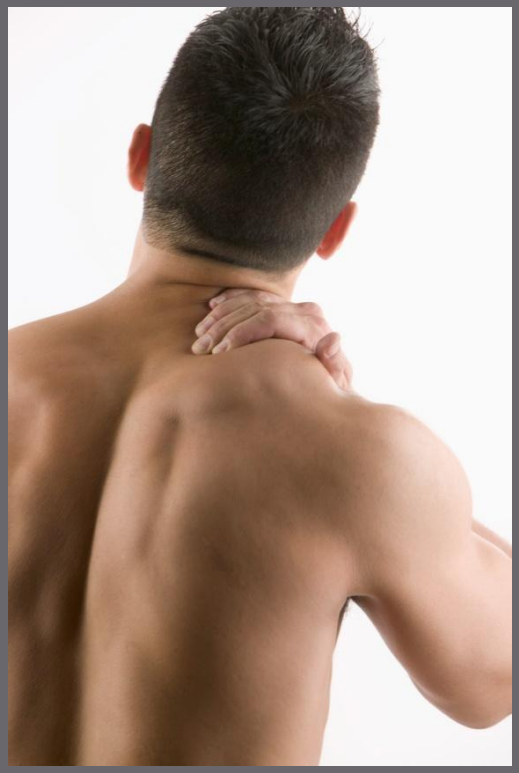
**Behavior of Symptoms**

- Are the symptoms constant? If not how frequently do they occur and how long do they last and at what intensity?

# THE PROCESS ITSELF…

- Atypical behavior of symptoms may be an indication of a serious underlying condition.





# VISCERAL REFERRAL PAIN PATTERNS

| | **Segmental Innervation** | **Referral Area** |
|---|---|---|
| **Uterus** | T1-L1,S2-S4 | Lumbosacral Junction |
| **Ovaries** | T10-T11 | Lower Abdominal Sacral |
| **Prostate Gland** | T11-L1,S2-S4 | Sacral, Thoraco-lumbar area |
| **Gallbladder** | T7-T9 | **R** middle & lower thoracic spine, scapula |

# THE PROCESS ITSELF…

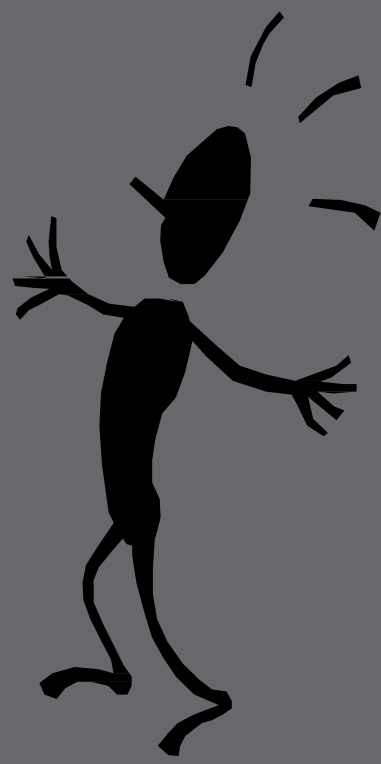
- Review of Examination Findings
- Participation of the PTA in the Initial Examination
- Establishment of the Plan of Care
- Setting Goals

# TREATMENT INTERVENTION

- Communication
- Documentation
- Changes and progression

# REACHING THE GOALS

- Responsibilities:
  - Physical Therapist Assistant
    - Summary of the discharge findings from the last treatment indicating that the patient has met the goals from the plan of care as stated by the evaluating PT.
    - Communication with the PT regarding the progress of the pt. in meeting the stated goals
  - Physical Therapist
    - Discharge of the patient from physical therapy



# CAUTIONS

- Do NOT change a plan of care!
- You can discuss your thoughts with the evaluating PT and document that discussion in the pt. notes, but only the PT can change the POC!
- Do NOT add things to the POC!
  - This would be considered a change to the POC