

Concepts & Theories on How PT Works



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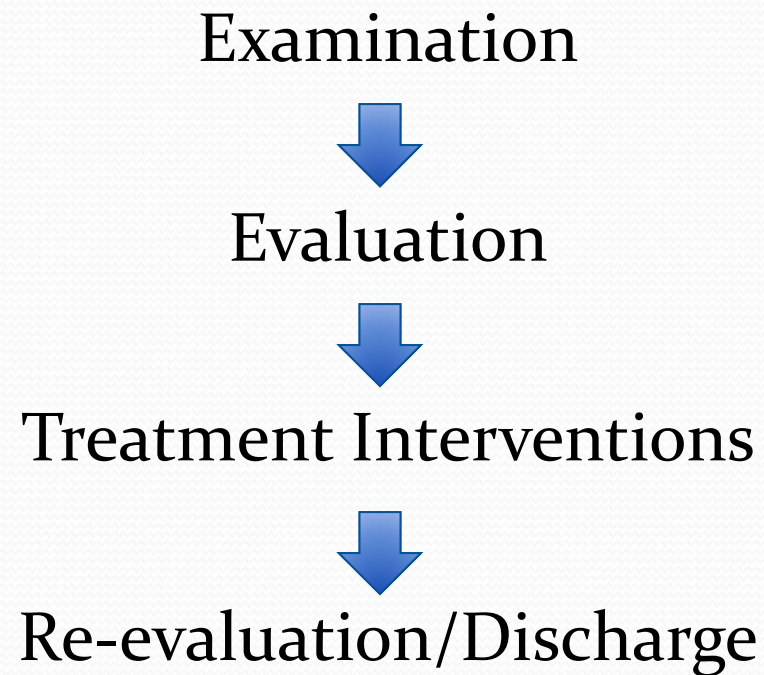
Work Related Injuries Workshop
May 1st & 2nd, 2017



Physical Therapy

- Examination and treatment provided by a licensed Physical Therapist who assists patients in reducing pain and improving mobility and strength in order to restore functional ability.
- Conservative option for management of traumatic and insidious injuries that is often times successful in decreasing need for invasive procedures or long-term use of medication.
- Works to prevent or manage long-term health status and promote overall wellness.

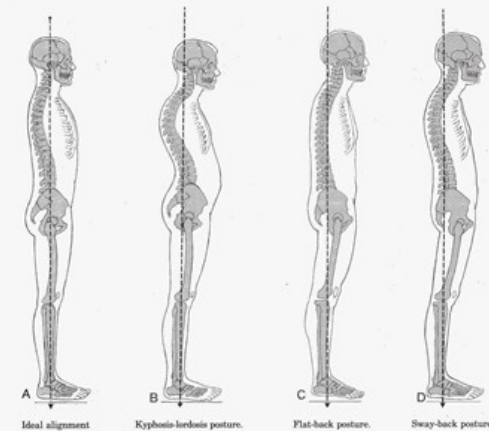
Outpatient PT Process



Examination

- History
- Observation
- Screening musculoskeletal, cardiopulmonary, integumentary and neuromuscular systems
- Select tests and measures to determine impairments
 - MMT/Strength
 - ROM
 - Neuro exam
 - Special Tests
 - Gait assessment and Functional Skill Assessment

Four Types of Postural Alignment





Evaluation

- Rule in or out hypotheses made
- Diagnosis
- Prognosis
- Plan of Care
- Goal creation (STG vs. LTG)
- Appropriate candidate for scope of practice

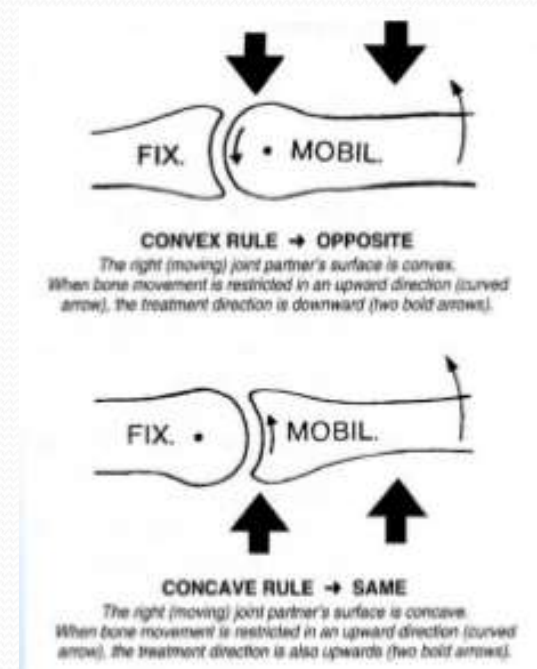


Treatment Interventions

- ◆ Manual Therapy
- ◆ Therapeutic Exercise
- ◆ Modalities
- ◆ Education

Manual Therapy

- PROM
 - Joint mobilization/distraction
 - Neuromuscular facilitation techniques
 - Soft tissue mobilization and release techniques
- Special indications for work-injured patients



Therapeutic Exercise (Therex)

- Specific prescription of exercises
- Mobility → Stability → Controlled Mobility → Skill
- Types of therex:
 - Isometric contractions
 - Medical Exercise Therapy (painful ROM)
 - Progressive resistive exercise
 - Balance/Proprioception Training
 - Dynamic motions
 - Neuromuscular re-education
- Factors to consider:
 - Positional and load sensitivities considered
 - Body awareness/previous exercise experience
 - Observation and cueing important
 - Perception of “pain”





Modalities

- Moist Heat
- Ice
- ESTIM
- TENS
- Taping
- Dry Needling
- Cold Laser

Typically always provided in conjunction with other interventions and or education

Indications: acutely, pain rating is moderate → severe, or to prepare tissue/joint for better tolerance to other interventions

TENS

- Typically use to manage acute or chronic pain
- Benefits:
 - Portable
 - Inexpensive
 - Patient can perform functional movements while unit is working
 - “Blocks pain” for decreased fear avoidance behavior
 - Easy to administer to self
 - Current data states “meta-analyses of RCTs using appropriate TENS technique and dosage provide strong evidence that TENS is superior to placebo TENS for chronic musculoskeletal pain and post-operative pain, and moderate evidence that TENS is efficacious for neuropathic pain.” (Johnson, 2014)





Patient Education

- Pain science
- Compliance
- Pain self-management techniques
- HEP
- Protective activity modifications if appropriate
- Gait training/assistive devices
- Prognosis and expectations for return to work
- Clearly defined goals
- Ergonomics

Re-evaluation and Discharge

- Changes to plan of care indicated
- Recommendations/referrals
- Communicating concerns promptly to referring physician
- Goals met = D/C
- Transfer to Work Conditioning



I THINK MY WORK HERE IS DONE.



References

- Guide to Physical Therapist Practice 3.0. Alexandria, VA: American Physical Therapy Association; 2014. Available at: <http://guidetoptpractice.apta.org/>. Accessed March 28, 2017.
- Johnson, Mark. “Transcutaneous electrical nerve stimulation: review of effectiveness.” *Nursing Standard* 28.40 (2014): 44-53. *ASCE Research Library via Northeastern University*. Web. Date Accessed 13 March 2017.
- Kaltenborn, FM. The Extremities Volume 1. 6th Edition. Norway, 2006. Chapter 2: Translatory Joint Play: Pg. 35.