

# Kassimir Physical Therapy Handprint Newsletter

## Winter 2004

### **Patient Education: The key to Compliance, Recovery, and Health Promotion.**

I have been a Physical Therapist in many clinical settings in the Baltimore area for the past thirty years. One of the reasons I like working at Kassimir Physical Therapy is our commitment to personal care and patient education. Educating our patients is a key element that sets us apart from “shake and bake” practices or more modality based practices. Patients cannot take the ultrasound or massage home at discharge, but they *can* take the tools necessary to progress and maintain their condition. After having had therapy at KPT, patients are often stronger and more motivated than ever to continue programs at the gym and to strive for a healthier lifestyle.

The “APTA Guide to Physical Therapist Practice 2<sup>nd</sup> Edition” states that a part of a physical therapist’s practice is to “provide prevention and to promote health, wellness and fitness.” (1) To promote health in our patients, we need to assess the patient’s ability and readiness for change and design a program that supports the learning needs of that patient. This process begins at the initial evaluation. We communicate and question our patient’s understanding of their condition, then teach them how to manage the symptoms. Explaining how they developed the problem such as overuse injuries or mechanical back pain and how to improve it goes a long way towards ensuring compliance in their therapy program. Patient education promotes willingness to attend P.T. regularly, take medication as prescribed, perform home exercises, and to accept a *personal* role in preventing or alleviating the condition being treated. Few of our patients have a “make me well” attitude after a few sessions.

Two brief examples of the above are as follows. A new shoulder impingement patient is taught that if they retract and depresses their scapula with assistance, the pain intensity can be decreased with overhead reaching. This usually motivates them to exercise and improve posture to effect a long-term change without recurrent problems. A second example is to demonstrate how poor posture can lead to low back pain/strain. Low back pain can be elicited in patients with lordosis by pressing vertically downward on the patient’s shoulders. When the patient is taught to stand with correct posture and abdominal stabilization, the pain may not be elicited by this maneuver. Explanation of treatment rationale often converts a non-exerciser to an exerciser. Listening to and solving problems with patients engenders trust and cooperation.

At KPT we teach by visual, tactile, and verbal cues as well as by practice. Individualized home exercise programs are printed on the computer with photos of each exercise and a brief description of each exercise. Our website, [www.kptrehab.com](http://www.kptrehab.com), includes a comprehensive list of all exercises that includes a video of each can be viewed by the patient at home. Therapists may also be e-mailed and questions or concerns. Therapists and an athletic trainer instruct patients’ exercises so that they are performed properly and independently prior to discharge. Posture and body mechanics are taught personally as well as through videos. We analyze how ergonomics and body mechanics

affect their activities. How does the patient sit at the computer, load their dryer, or brush their teeth so as not to aggravate their condition? Patients begin to understand what a “neutral spine” is, and why mom said to “stand up straight!” Patients *respond* to seeing progress. They are *included* in their re-evaluations, and shown increases in range of motion and strength.

In general, patients enjoy our clinic because they feel that *they* are a vital part of their recovery process, have fun, and improve. The equipment-packed gym is conducive to their work and the staff and patient education promotes the patient’s belief in his own success. This directly affects his willingness to participate and change behaviors that will ultimately lead to health, wellness, and fitness. Bandura’s Social Cognitive Theory (2) establishes the above concept that the *patient* must adopt the role of agent, effecting changes through his own actions, especially for long term changes. Our job is to assist the patient in acquiring the necessary skills for success.

Physical Therapists have a multitude of clinical skills. However, I have discovered through experience that we must *first* be teachers. Patients will improve quickly, knowing *why* and *how* they are working, rather than by following rote exercises in which they will soon lose interest. An ancient Chinese proverb states: “When you are ready to learn, a teacher will appear.” We must motivate our patients to be ready to learn. Perhaps it was pain that brought them to us, but their education will ensure a pain-free successful outcome.

1. American physical Therapy Association. (2001) Guide to Physical Therapist Practice, 2<sup>nd</sup> edition. Physical therapy, 81
2. Bandura, A. (2001). Social Cognitive Theory: An agentic perspective. Annual Review of Psychology.

About the author:

Nancy Kaplan, PT joined KPT in the fall of 1999. She is a graduate of the University of Michigan and has over 25 years of experience working in hospitals, nursing homes, private orthopaedic practices, and home care. She taught at BCCC's Physical Therapy Assistant Program and carries her love of teaching into our clinic. Nancy challenges her patients to reach their maximum potential by instructing them to maintain their progress at home with proper body mechanics and custom exercise programs.

Nancy is married to Mark S. Kaplan, M.D. They have two sons and a dog, Karma. She has a background in dance and enjoys weight lifting and running.