

Part 1

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SECTION 1-1

Physical Therapist and Physical Therapist Assistant Relationship

The Collaborative Path Between the PT and the PTA¹

- The physical therapist (PT) performs an initial examination of the patient. The physical therapist assistant (PTA) helps the PT with the initial examination, gathering specific data that the PT requested. The PTA accepts the delegated tasks within the limits of his or her capabilities and considering legal, jurisdictional, and ethical guidelines.
- The PT evaluates the results of data collection and makes a judgment about data value. The PTA does not interpret the results of the initial examination.
- The PT establishes the goals or outcomes to be accomplished by the plan of care and the treatment plan.
- The PT performs the patient’s interventions. The PTA performs the patient’s selected interventions as directed by the PT.
- The PTA may perform data collection during the course of the patient’s interventions to record the patient’s progress or lack of progress since the initial examination and evaluation. The PTA may ask the PT for a reexamination.
- The PT performs the reexamination and establishes new outcomes and a new treatment plan.
- The PT performs the patient’s new interventions. The PTA performs the selected patient’s new interventions as directed by the PT.
- The PT performs the discharge examination and evaluation of the patient.

PTA Duties (as per the American Physical Therapy Association)

Table 1-1 PTA Duties²

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- Perform selected physical therapy interventions under the direction and at least the general supervision of the PT. The ability of the PTA to perform the selected interventions as directed shall be assessed on an ongoing basis by the supervising PT.
 - Make modifications to selected interventions either to progress the patient as directed by the PT or to ensure patient safety and comfort.
 - Document the patient’s progress.
 - Perform routine operational functions, including direct personal supervision, where allowable by law, of the physical therapy aide and the PTA student and other personnel.
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The PTA’s Clinical Considerations During Interventions¹

- The complexity, criticality, acuity, and stability of the patient
- The accessibility to the PT
- The type of setting where services are provided
- Federal and state statutes
- The available PT supervision in the event of an emergency
- The mission of physical therapy services for that specific clinical setting
- The needed frequency of reexamination

SECTION 1-2

Patient Communication

General Recommendations for Verbal Communication

Table 1-2 General Recommendations¹

- Verbal commands should focus the patient's attention on specifically desired actions for intervention.
 - Instruction should remain as simple as possible and must never incorporate confusing medical terminology.
 - The general sequence of events should be explained to the patient before initiating the intervention.
 - The PTA should ask the patient questions before and during the intervention to establish a rapport with the patient and to provide feedback on the status of the current intervention.
 - The PTA should speak clearly in moderate tones and vary his or her tone of voice as required by the situation.
 - The PTA should be sensitive to the patient/client's level of understanding and cultural background.
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Methods of Effective Patient Communication¹

- Greet the patient and provide a nonthreatening environment for the patient so that he or she feels welcome and valued.
- Display sensitivity to cultural influences through the careful selection of words and actions.
- When introducing yourself to the patient, position yourself to greet the patient at eye level.
- Be aware of cultural differences when establishing eye contact with the patient, as this behavior may not be appropriate in some cultures.
- Introduce yourself by stating your name and title, and refer to the patient by his or her last name and title. Avoid using first names, and do so only if deemed appropriate by the patient. Ask the patient which name he or she would prefer that you use when addressing the patient to avoid offending and showing disrespect for the patient.
- Explain to the patient your role in the therapeutic relationship.
- Inform the patient what you plan to do initially.
- Advise the patient in regard to options for therapeutic interventions. If more than one option is available, share possibilities and invite the patient's input.
- Obtain informed consent from the patient for the intervention that is to be rendered.
- Advise the patient about the intervention's effects, indications, contraindications, and alternatives.
- Actively involve the patient in the intervention by determining the patient's participation during and after the intervention.
- Respond to the patient's questions and concerns throughout interactions.
- Promote patient autonomy and responsibility throughout interactions.

Informed Consent

Table 1-3 Intervention Elements of Informed Consent for the Patient¹

- Clear description of the proposed intervention
- Reasonable alternatives to the proposed intervention
- Risks, benefits, and concerns of the proposed intervention
- Assessment of patient understanding
- Patient's acceptance of the intervention

Methods of Effective Listening¹

- The PTA focuses his or her attention on the patient.
- The PTA helps the patient to feel free to talk by smiling and looking at the patient.
- The PTA pays attention to the patient's nonverbal communication, such as gestures, facial expressions, tone of voice, and body posture.
- The PTA asks the patient to clarify the meaning of words and the feelings involved or to enlarge upon the statement.
- The PTA reflects the patient's message to confirm that he or she understands completely the meaning and the content of the message.
- The PTA takes notes as necessary to help remember or document what was said.
- The PTA uses body language such as nonverbal gestures (nodding the head, keeping eye contact, or keeping hands at side) to show involvement in the patient's message.
- The PTA does not abruptly interrupt the patient, giving him or her adequate time to present the full message.
- The PTA empathizes with the patient.

SECTION 1-3

Patient Education

The PTA's Responsibilities During Patient Education

- To communicate clearly and simply by using everyday words, repeating the information as necessary, and explaining new words
- To gain the learner's attention, motivation, and active participation
- To provide an overview of the learning process such as the objectives, purposes, and nature of the tasks and the procedures to follow
- To stimulate the learner's recall of previous learning
- To relate present learning to past and future learning
- To monitor and control the learning
- To organize learning units over a period of time
- To break down learning into a series of steps or units
- To determine the best sequence(s) of learning units and experiences such as a sequence from familiar to unfamiliar, simple to complex, or concrete to abstract
- To provide ample opportunity for practice and repetition
- To progress at a comfortable pace for the learner
- To give timely feedback
- To provide accurate knowledge of results
- To reward successful behaviors
- To monitor and control the environment
- To reduce conditions that have a negative impact on learning, such as pain or discomfort, anxiety, fear, frustration, feelings of failure, humiliation, embarrassment, boredom, or time pressures

Patient Education for Patients (Clients) Who Have Difficulty Reading

Table 1-4 Recommendations¹ for Patients (Clients) Having Difficulty Reading

- Materials need to be written in plain language, consistently using the same words.
- New healthcare terms need to be defined, and repetition can be used to reinforce the information.
- Sentences must be short and simple, with each item marked with a bullet point.
- Each list should contain five or six bullet points.
- Attention can be drawn to essential information by making circles or arrows or adding dividers or tabs to the material.

Patient (Client) Education for Older Adults

Table 1-5 Recommendations¹ for Older Adults

- Assess how and when the patient (client) is ready to learn by finding out the patient's (client's) interest and level of motivation to learn.
- Tie new information into past experiences.
- Enhance the learning process:
 - Teach the patient (client) in an environment conducive to learning, such as a quiet place.
 - Sit near the patient (client).
 - Speak clearly.
 - Teach in brief sessions.
- Instructions can be taught one step at a time by demonstrating and describing the intervention and encouraging the patient (client) to practice each step.

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Table 1-5 Recommendations¹ for Older Adults (continued)

- Adjust the teaching method to the patient's (client's) learning style and special needs. For example, if the patient (client) is a visual learner, the PTA may need to give the patient (client) a picture of the exercise that he or she learned today. Considering the patient's vision, the PTA should give the patient a large-sized print (type size of at least 16 points) of the exercise picture.
 - Find out the patient's (client's) preference for method of learning, such as reading, listening, watching, or doing.
 - Encourage the patient (client) to bring a family member or a friend to the teaching session for support and to reinforce and clarify information.
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Patient Education for Patients (Clients) Who Have Visual Impairments

Table 1-6 Recommendations¹ for Patients (Clients) with Visual Impairments

- Introduce yourself and other people present in the room.
 - Ask whether the patient (client) wants assistance, and provide directions.
 - For a home exercise program (HEP), write the material in large print size (16 points).
 - In written materials, use simple fonts. Avoid italics. Write clearly and concisely, or print the information in Braille.
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Patient Education for Patients (Clients) Who Have Hearing Impairments

Table 1-7 Recommendations¹ for Patients (Clients) with Hearing Impairments

- Move a chair closer to face the patient (client). Get the patient's (client's) attention by touching him or her; speak clearly and distinctly, not loudly.
 - Do not exaggerate pronunciation.
 - Reduce distracting and interfering sounds.
 - Have adequate light in the room because many patients (clients) with hearing impairments read lip movements when looking at the mouth and further speech read when looking at gestures, expressions, and pantomime actions.
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Patient Education for Patients (Clients) Who Cannot Speak English

Table 1-8 Recommendations¹ for Patients (Clients) Who Cannot Speak English

- Use certified interpreters to communicate key information to the patient (client).
 - The patient (client) must be comfortable with the interpreter, especially when embarrassing topics may be discussed.
 - Greet the patient (client) in his or her native language. Pronounce the patient's (client's) name correctly.
 - Speak clearly, and concentrate on the most important message(s) for the patient (client).
 - Considering cultural diversity, understand the patient's (client's) values and beliefs, and pay attention to nonverbal communication such as voice volume, postures, gestures, and eye contact.
 - Working with the family decision maker, who may be different from the patient (client), is essential for the success of intervention.
 - The intervention has to be creative. Considering patient's cultural background, it may involve having the patient's spiritual advisor help with the intervention (as long as the spiritual healing method is not antagonistic to the intervention).
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Basic Requirements for the Home Exercise Program

Table 1-9 Home Exercises Program Basic Requirements¹

- The home exercise program (HEP) should be organized, concise (short), and written in layman terms. The words must make sense to the patient (client) and be consistent with the therapist's verbal explanations and demonstrations.
- When a caregiver is involved, he or she must be involved earlier in the HEP to allow an easier transition at the discontinuation of physical therapy.
- The HEP represents an extension of the interventions. The HEP starts in the first day of interventions and continues through the day of discontinuation of physical therapy. The program should be presented within the context of the total process of patient education and rehabilitation.
- Exercises and activities should be presented in a simple and clear manner.
- The HEP should contain approximately three to five exercises or activities.
- Instructions for the exercises in the HEP should include the number of repetitions, the number of sets, the length of time to hold positions, the amount of exercise resistance, positions for performing the exercises or activities, the duration of exercises or activities, the frequency, and the method of progression.
- The exercises and activities must be sorted in a logical manner so that the patient (client) does not have to change positions too much.
- The HEP may include diagrams, drawings, or pictures of exercises or activities. Any such graphic elements should be clear and uncomplicated.
- The HEP should be written in the patient's (client's) primary language.
- Technical terms must be avoided, and short sentences must be used as much as possible. Complex words (such as "inflammation") must be replaced with simple ones (such as "redness").
- Each sentence in the HEP must present only one idea and contain no more than one three-syllable word.
- Lines of copy should be no longer than 5 inches wide, and the type size should be 12 points or larger.
- For patients (clients) with vision impairments, the handouts must have a high contrast between the foreground and the background and include large amounts of blank space on the page.
- The HEP should be written at a fifth- or sixth-grade reading level.

Example of a Home Exercise Program to Improve Upper Body Postural Control

Table 1-10 Example of HEP: Corner Stretch for Tight Pectoralis Major Muscles (Clavicular Portion)

- Find a corner of your room.
- Bend both elbows with both arms at shoulder level.
- Place both arms against the wall.
- Lean forward until you feel a stretch.
- Hold for 30 seconds.
- Repeat 3 times, twice each day.