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PTA 2700

Journal

Aug 31, 2018:

This week has been very overwhelming, I have mostly been observing my CI during treatments. He has me pay attention to what the patient complaint is and while providing manual therapy will have me feel for what he is looking for to see if I can feel what he is looking for during examinations. I wonder if I will get to the point that I can be sensitive enough with my fingers to be able to help my patients. Today I wanted to write about cultural competence. Patients come from multiple areas and come in with so many different beliefs. What they understand about the body is usually vastly different from what I am coming to know about the body and how It works. This week we had a patient who suffers from an extremely painful back. This is was not a patient that my CI has normally seen. There is a PT at the Murray location that has seen the patient for the last few years. Her back pain, for her is crippling, even when there is no real pathology that can explain her symptoms. The approach that my CI took to caring for her really showed how the beliefs of our patients can influence our treatment with them. Earlier this summer in our didactic education we learned about psychological rehab. This had to do mostly with people who catastrophize their pain and get to a point where they begin to become immobile. Culturally, the patient we were dealing with was not much different than me, except for her beliefs and perception of pain. We had to adapt our treatment because of what she believed to be detrimental injury to her back and spine. The reason I want to bring this up is because of how well my CI, a physical therapist, handled the situation. It reinforced what I have learned in the class I mentioned previously. The approach that my CI took was to educate that patient on what it is that is happening to her body during the painful flare-ups. He talked to me a lot about this after, he mentioned that clearly communicating and speaking with sensitivity to the situation is the most important thing. He said the pain, even though to me or other people may not be bad and we may function with the same problem just fine, is real to that patient. If we disregard what she says, then we continue to increase the problem for the patient and make it harder for her to ever get out of her pain cycle. He spent almost the entire treatment time focusing on education and teaching her about the pain response and what it is that is going on. He let her know in ways that she could understand that hurt does not necessarily mean harm. He spoke to her level of understanding and even when the patient would revert to past experiences he would bring her back to the present and help to dispel harmful thinking. I was amazing to me to see how sensitive he was to her situation. He mentioned that some people will not take the time doing this and by not doing it can really do a disservice to the patient by not trying to understand were the patient is coming from. I hope that I can be as elegant with my speaking and delivery of education so I can help people the way he did.

September 7, 2018

Wow, week 2 has come and gone and I still feel like this experience is blowing past me. This week my Ci has been really good at letting me do as much of the manual therapy on the patients that I feel comfortable with. I really like the way that he works with his patients. HE spends a good amount of time really getting to understand their situations and treats them according to their subjective information. He always focuses on their diagnosis, but the way that he talks with the patient, he gets to know what it is about their diagnosis is affecting them at that moment the most. He listens to their subtle answers to his investigative like questions. To me it sounds like normal conversation, but he guides them to what he wants to know. I want to talk about Clinical problem solving mostly in my post this week. Each patient gets their own individualized plan. My Ci believes in active treatment of his patient, so not everyone is started with heat and electrical stimulation like I have seen in other outpatient settings. For the majority of patients, he uses active warm up before working on a patient. This is not to say he doesn’t use modalities, but he doesn’t just take a cookie cutter approach to his care. This is what has been overwhelming to follow this week. With each patient, based off of what they report, he wants me to start developing a treatment for the day that addresses the needs of the patient, progressing their treatment or holding back treatment all while staying within the Plan of Care that he has established for each patient. It gives me flexibility to work towards the goals the patient and my CI have established instead of just saying, “these are the exercises they do then do these manual techniques.” This puts a good deal of pressure on me to focus so much of my time listening to the patient and individualizing the plan. It’s hard for me because I’ve never worked in the field of Physical Therapy, so knowing some of the exercises and ways to progress treatment as far as difficulty of exercises has taken me time to get used to. However, I feel like I’m slowly learning the exercises that are common and I’m spending time at home really looking at about two patients and how I can progress their exercises. Sometimes what I have planned does not work and sometimes their complaints or injury makes it so I have to change my plans right on the spot. It takes me a while and I have to rely on my CI more for suggestions on how I can change my treatment. I’ve had to focus on the changes of the patient during treatment and when I don’t know an answer or I get stumped on where to take the treatment I know I can ask my CI for help. He does a great job of explaining the rationale behind how he decides to treat and has shown me how I can use data collection and comparing to past treatments to see how the patient progressed and if they are responding well to the treatments that I’m providing. I still feel like I am relying on my CI a ton, I hope that I can use this time to really get a feel for how to make each person’s treatment personal to them, so they keep coming back and feel like they are progressing. I have really been deferring my manual treatment to my CI when I feel like I am not getting the responses I’m hoping for. I know this will come in time but, it is super overwhelming to me.

September 14, 2018

I’ve had a good week this week. I still get anxious during the day with the number of patients we are seeing some days, but I’m getting comfortable in helping establish some of the treatments for the day. I have a couple of patients that I’ve begun to see exclusively without as much input from my CI. It’s nice to know he is getting confident with my treatments. I have learned this week a little about how important it is to know and continually learn about different safety precautions in regard to keeping the patient from injuring themselves during their recovery. I have a patient that I’ve been with who had a hip replacement where they took an anterior approach and as such the precautions for treatment are a little different. I did not know about the subtle differences in the precautions for a posterior or anterior approach for the same type of joint replacement. I was nice though to have my CI to bounce ideas off of so that I make sure that my patient is not hurting himself more and setting back his recovery. I have had to change his treatment up so that I avoid having him perform exercises that might exacerbate his pain or damage healing tissue. I am a little nervous to be providing manual therapy on him as I am not sure what is most effective and I don’t want to hurt him. He also still has stiches in part of his incision site so I felt limited on what I could do. The most important part though is just keeping him safe. I feel like if I can keep him safe and not having flare-ups then we will make progress. As long as I stay in the precautions, I feel like the patient will let me know when something I am doing is too much. This also goes with how I communicate with them about what they can expect from physical therapy. Some people have not experienced PT and think that we are a profession that works on patients so hard that they are in pain. We have to let them know that pain is not something we are looking for, “no pain, no gain” is not a motto that we believe. I spent a good amount of time this week making sure the interventions that I have been choosing are not increasing pain and if it is then I ease off and go a different direction. I had to do this with a patient this week who for a whole year has not used stairs to get around. She has strength and ROM to be able to perform the task but she is fearful. We tried many different approaches to get her used to taking steps up and down, but because she is obese and walks with a narrow base of support we I have had to give her very specific instructions that keep her progressing towards stairs but is also safe for me and safe for her. On Thursday I finally got her to take the stairs at our clinic. She was so nervous and apprehensive, but after I talked to her and reassured her that she was strong and that she could do it she started. We went very slow and during that time I did all in my power to keep her safe as I am liable for her injuries should I not take extra precautions when starting something new with a patient. Safety is key, it is important that I remain safe by being aware of my body mechanics but also reinforcing that safety with my patients and teach them safe practices during exercises and with how I move my patients when I work on them manually.

September 21, 2018

This week I want to write a little bit about clinical behaviors. It is interesting to me, the dynamics of the physical therapy profession. We get the opportunity to really get to know our patients, we are with them so long each clinic visit that we get to know their stories, their backgrounds and their beliefs. I feel like this is one of the reasons that I wanted to go into the field of physical therapy. I have loved seeing the progress that some of the patients are making each week. I am growing more caring and empathetic to what our patients are going through. I love to hear their concerns and then to be able to reassure what it is they are doing and how they are doing it. My patient who would not do stairs, was so happy when they came to clinic and they told me they’ve done the stair at their home for the first time, the same stairs where she fell and snapped her ankle a year ago. She has been so limited. I was so happy for her and even though her knee is now a little painful, we could focus on her success and then work on her knees to make sure they are strong enough to support her. Her muscles and joints are not used to that movement, so she needs to learn how to do stair correctly and do it more to become stronger. Another patient of mine has mentioned that because of his treatment and how he has felt after the last couple of treatments, that he is no longer taking pain medication that he relied on so much before. I love being able to be caring and compassionate to their concerns and then to join in on their success. This is what I was hoping for when I went into the PTA program. I have also received some great positive feedback along with some helpful suggestions from my CI during our Mid-term evaluation. He feels I contribute to a positive work environment and feels confident in my developing skills. I am able to manage individual patients without constantly asking questions and that I’m becoming more confident in my manual techniques. It is nice to know that someone (my CI) can be so trusting after only 4 weeks of being in this setting. I love the Outpatient setting and have loved being able to really get to know our patients. I look forward to seeing certain patients, because they are fun to work with and we have built a great rapport. They trust me and my ability to help them be safe and progress toward their functional goals.

September 28, 2018

To say this was a crazy week would be an understatement. My CI had a vacation scheduled and as such left me to be in charge of working with a couple other physical therapists who were filling in for him while he was gone. This really tested my resource management skills. I had to coordinate with the PTs and share with them the history of all of our patients. Talk about stressful. I didn’t think I could do it and that I wouldn’t be able to give them a detailed history on the patient. Things went relatively well in that regard though. I was able to help schedule patients, and help progress them to their goals. I was able to work with the filling in PT to help maximize the treatment sessions with each of our patients. I would take advantages of gaps in our schedule to discuss upcoming patients and where they were in their treatment and I would coordinate the treatment for that day, I was coming up the exercises and then going straight into manual treatment from there. I made sure to use the aides as effectively as I could. It felt like I was really coming into my own and that I was using the education I learned in school and the last few weeks of what I have taken from this clinical and it just clicked. I was able to treat patients effectively and in a timely manner. I was able to pretty much run the show when it came to our patients so that even though my CI was not available, our patients were still getting the best treatments they could receive. I was also able to take a day and learn from another PTA in the company and how she treats patients. I took the opportunity to ask as many questions as I could so I could apply some of the same principles to how I treat. I learned a good deal about strain counter-strain and muscle energy techniques. I look forward to continuing on my education to learn as much as I can about those techniques so I can become a more effective clinician. It was a great opportunity to use the resources available to better my understanding and improve what I do with my patients. By learning and taking in as much as I can I can rely on my training to help each one of my patients.

October 5, 2018

I cannot believe that this will be my last journal entry for clinical number 2. I have had a great time and I feel like I am really coming to just love the PTA profession. I was talking to my CI how my last clinical I felt like I could not wait to be finished, my last two days felt like the days lasted forever. This experience went so fast and I didn’t want the last day to end. I feel like I have so much that I want to talk about. I have really gained the confidence of my CI and we have discussed the possibility of my CI giving me referrals to work with other people he knows or if their clinic situation changes (seeing more patients) that he could justify bringing me on to work with him. What a boost to my confidence and to know that he has that much trust in me that he could say that. I loved this experience. I loved my patients and I was sad all week having to tell them I would no longer be treating them. I was able to see a hip replacement patient exclusively through his treatment and did not need to rely on my CI to tell me what to do. That patient today expressed his confidence in me and has appreciated the time I’ve taken to help him get back to work and to a place where he even wants to start jogging. He had such thick scar tissue and I have been able to used different techniques to help break it up so he can move easier without restriction. Another patient of mine told me she uses the stairs at home and at work every day. She has seen the gains that she has made and has retaken her life that was so limited because of fear and avoidance of activities that would allow more independence in life. She and her spouse had nothing but thanks for me. I was only the person that helped her realize her potential, but she was the one doing the work. I was so grateful to be able to be part of a team that brought so much positive to others. Seeing the interventions that I provided be instrumental in pain reduction and an increase in ROM, strength and functional ability is why I went into this profession. It is like the patients that I mentioned earlier and a dozen others that I look forward to starting my career. I do not want to be content with what I know now, but I want to further my education. I want to learn more techniques and perfect those techniques so that I can continue to bless other’s lives. So, they can get back to independence.

At the beginning of the clinical I set three goals that I wanted to accomplish by the end of my six weeks. One was to continue a goal from my first clinics. That was to build a large library of exercises so that I could be better at the therapeutic exercises programs I gave my patients to work on. Being with Greg, my CI was the best thing that could have happened to me. He does not take one approach to the same problem. He talks to the patient, takes into consideration what they want, how they are progressing and changes up their program to consistently challenge them but also keep them coming back because they are not given the same 5 exercises every time they come in. The patients appreciate getting personal individualized care and because of the way he approached physical therapy for his patients, my CI helped me reach that goal. I feel like I have so many possibilities to be able to help my patients get better and I can change up their exercises to keep them doing that.

My second goal was to get better at my manual therapy skills. I feel like the time I was able to spend learning from not only my CI but other PTs and PTAs around me, I was able to get a good base of techniques that helped me get to the point where my manual skills were confident, I was able to handle a patient and not be nervous to hurt or even touch them. I love the manual aspect of physical therapy. I am not content with what I learned. I learned a great deal and I love being able to work with patients, I just want to learn more and to perfect my skill. I want to be able to get better at the feel of my patients and to locate problem areas, test them and then treat for affective care. I had many opportunities to do this at this clinic and the wealth of knowledge I got from this will be so valuable to me going on.

I was able to get better at the goal I set for number three. I wanted to get better at my data obtaining skill. I was able to be in the evaluations with my CI for many patients and I was the one performing ROM and strength measurements. I was able to see a few special tests so I could get a good idea of how the PT diagnosis and comes up with the plan of care for each patient. Throughout the treatments of patients that I worked with, I was able to continually check the patients progress to see if they are improving. I feel fairly confident in my measuring skills and look forward to getting even better.

I Loved my clinical experience. After going over my CPI with my CI yesterday I was blown away at what he had to say to me. We were able to go to dinner last night and just talk about what my goals were and he gave me great advise to finish strong in the program and how I can be a better and more effective clinician.