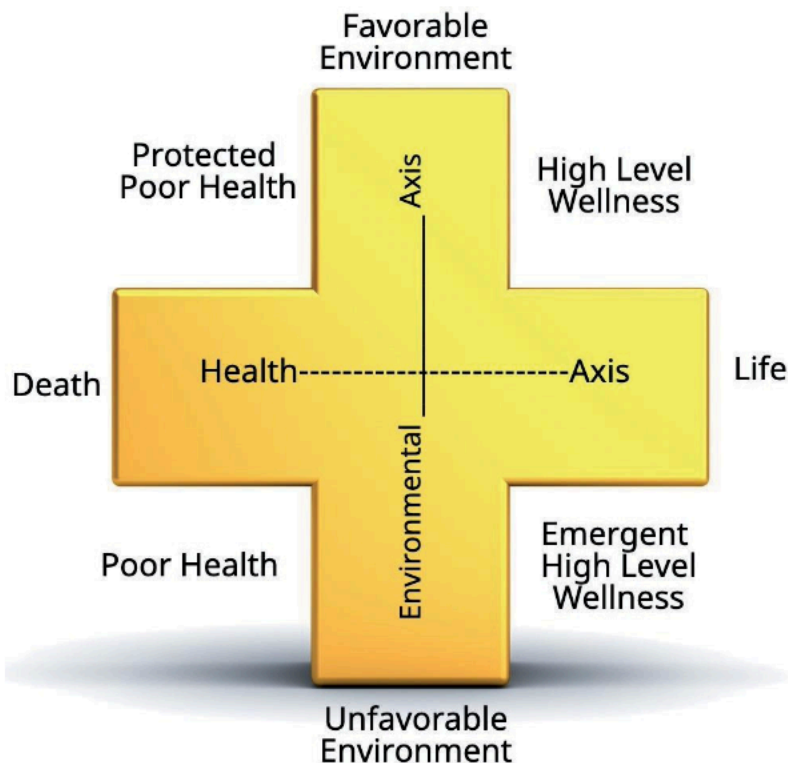


HEALTH AND WELLNESS GRID

Halbert Dunn, MD, PhD (1929-1975), the 'father of wellness' and introduced in Chapter 1, created the first model of wellness: **Health and Wellness Grid**. See **Figure 2-1.2. Health and Wellness Grid**. Dunn divided health and wellness into four quadrants with the use of a horizontal "Health Axis" and a vertical "Environmental Axis." According to Dunn's model, the horizontal axis ranges from "Death" at the far left to "Life" at the far right., and the vertical axis ranges from a pinnacle of "Very Favorable Environment" down to "Very Unfavorable Environment." Quadrant I repre-

sents "High-Level Wellness," Quadrant II "Protected Poor Health," Quadrant III "Poor Health," and Quadrant IV "Emergent High-Level Wellness." According to Dunn, **high-level wellness** is "performance at full potential in accordance with the individual's age and makeup" (1959, p 787). Dunn stated "Since the nature of this goal [high-level wellness] is ever changing and ever expanding, we will probably never reach it in absolute terms; but we can come to know and appreciate its essential characteristics in relative terms (1959, pp 788-9).

Figure 2-1.2. Health and Wellness Grid



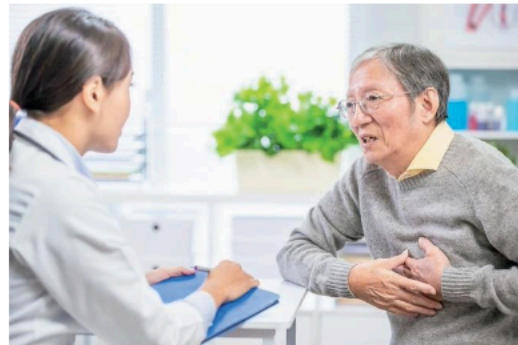
PRINCIPLE 4. PATIENT SELF-REPORT

The fourth (4th) principle of the Model of Holistic Physical Therapy (MHPT) recognizes that to screen and examine wellness (i.e., **health**-related behaviors over time), you do not ‘directly’ obtain information (such as when you measure blood pressure or range of motion); rather, you obtain information from **patient self-report**.

Patient self-report is conveyed either deliberately or unknowingly and consists of a patient’s **verbal and written answers** to your questions, **unsolicited statements**, and **face-to-face behaviors and body language**. Each of these are straight forward, but just to confirm, unsolicited statements are those verbalizations made by a patient that are not made in response to a question you have posed. That is, the patient just says (or writes) something. It is your task to determine if the unsolicited statement is pertinent to physical therapy or not. An example of a patient answering your question and body language is a patient stating “yes” with a scowl on her face when you ask her if she smokes. An example of a face-to-face

behavior and an unsolicited statement is a patient suddenly starting to cry exclaiming her cat died last night.

It is critical to recognize and appreciate that the examination of wellness (i.e., health related behaviors over time) and obtaining patient self-report is an **ongoing and iterative process** – much like the larger process of providing holistic physical therapy. (Patient self-report and the iterative process of examination are discussed in detail in ‘Chapter 3: Holistic Physical Therapy Patient Management.’)



PRINCIPLE 5. ELEMENTS AND EVEN COMPONENTS OF WELLNESS ARE NOT EQUALLY IMPORTANT TO EACH PERSON

The fifth (5th) principle of the Model of Holistic Physical Therapy (MHPT) highlights the fact that **elements** and even **components of wellness** are not equally important for each patient.

Physical wellness example: Regular self-measurement of blood pressure might be very important to a person with hypertension, but not at all important to a young adult in excellent health. **Photo Quiz:** How would you correct the patient’s wife if you were teaching her how to measure his blood pressure? **Social wellness example:** Participating in social activities and maintaining close personal relationship is more important in the ‘average’ person than it is for a lifelong ‘loner,’ who is quite satisfied with his

lifestyle. **Mental wellness example:** Near daily participation in a paid-occupation is often important to people in their mid- to late-teens through people in their mid-60s, but is often less if at all important to a person in their 70s or beyond.



CHAPTER 2 – SECTION 3: HOLISTIC PHYSICAL THERAPY CASE SCENARIOS

*I read, I study, I examine, I listen, I think,
and out of all of that I try to form an idea into which I put as much common sense as I can.*
Marquis de Lafayette (1757-1834)

Four case scenarios regarding the practice of holistic physical therapy will now be presented: **Case 2-3.1. Pat;** **Case 2-3.2. Howard and Margie;** **Case 2-3.3. Mary,** and **Case 2-3.4. Ray and Barbara.** These cases are based upon genuine patients I have encountered during my nearly 30-yr practice as a physical therapist. The second case is from the skilled nursing facility (SNF) setting and the other three are from the home health setting. (Medicare part A, who is the payor for home health, mandates holistic physical therapy because it reduces the

risk for re-hospitalization. In all settings, physical therapists who practice ‘holistic physical therapy’ also examine and provide interventions (primarily education) for mental illness, medications, nutrition, community support, etc. – in addition to physical therapy problems such as a neurological disorder or an orthopedic injury. With that preface, please read and reflect upon the four case scenarios. The final case, **Case 2-3.5. James,** invites you to practice holistic physical therapy.

CASE 2-3.1. PAT

You are a female home health physical therapist referred to evaluate and treat Pat. Reviewing his chart in your car before you enter his home, you learn he is a 51-yr-old male, post hospitalization secondary to alcoholic liver disease (ICD-10-code K70.9); his comorbidities are mental and behavior disorder due to alcohol dependence syndrome (F10.2), mental and behavioral disorder due to tobacco dependence (F17.2), difficulty walking (R26.2); he is divorced and lives alone.

The nurse completed her initial visit early this morning and it is now 4:00 pm. After you knock on this door, the patient calls out, “Enter! I’ve been waiting for you Rosie my sweetheart!” Upon entry, you find the patient on a living room recliner. He is unkempt and his speech is slurred. Holding up a bottle of what appears to be alcohol he states, “Would you care to have a drink with me, cutie? I’m your last stop, right?!” While you confirm his identity, he continues, “Sit down pretty girl and have a drink with ole’ Pat. And give me a hug, I surely need one!” Through patient self-report and your observation, he is intoxicated. In a ‘standard’ mindset, you might



attempt to start to examine and treat him. However, from a holistic standpoint, it is ill-advised and potentially unsafe to attempt to provide physical therapy to an intoxicated patient. The appropriate course of action in this scenario would be excuse yourself and exit his home, notify your supervisor and team, notify the referring physician, and objectively document the encounter.