THE PROVISION OF WELLNESS EDUCATION BY PHYSICAL THERAPISTS

Historically, physical therapists have engaged and educated patients in structured physical exercise, an important component of **physical activity** wellness (Busse et al, 2017; Lein et al, 2017; Malmo 2020). More recently, physical therapists have started to teach **body composition** wellness (Allison et al, 2019; Dean et al, 2019; Rea et al, 2004) and **smoking cessation** (Lein et al, 2017; Pignatar et al, 2015; Rea et al, 2004; Thind et al, 2016). While physical therapists are increasingly providing education to enhance **nutrition** wellness (Fair, 2004; Malmo, 2020; Rea et al, 2004), there are nutrition interventions that are clearly outside of our purview. For example, while we may provide basic nutritional education to a patient with a diagnosis of non-insulin diabetes mellitus (NIDDM), we would be more cautious with a patient with insulin dependent diabetes mellitus (IDDM) and refer her to her **primary care physician** (**PCP**) - or communicate with her PCP and refer her to a **registered dietician** (**RD**). We continue to provide **holistic physical therapy** when we take into account the IDDM diagnosis and instruct the patient to take her blood sugar level before each visit, just as we measure pain and blood pressure each visit (APTA, 2005). After all, we would not want our patient to engage in exercise if her blood glucose level is already too low and cause her to go into a diabetic shock! Physical therapists are also branching into the **mental** and **social** components of wellness (Fair, 2004). For example, Lotzke (2019) found that compared to conventional preoperative care, a **person-centered** pre-habilitation program based on cognitive-behavioral physical therapy was linked to a more substantial improvement in physical activity intensity, the One Leg Stand Test, and the number of steps per day at the six-month follow-up of lumbar fusion surgery. Patients also ask questions of and expect answers from physical therapists regarding a variety of health-related topics (Black et al, 2016; Rea et al, 2004). For example, 91.3% of patients agree their physical therapist should speak to them about physical activity, 73.0% about healthy weight, 51.3% about smoking, and 32.1% about fruit and vegetable consumption (Black et al, 2016)

THE USE OF CASE SCENARIOS IN STUDENT PHYSICAL THERAPIST EDUCATION

As student physical therapists in a classroom setting learn about the provision of physical therapy, they practice on each other – they conduct a test, provide a treatment, etc. The ability to transfer their acquired knowledge to a real patient must also be practiced to be learned because it requires not only **cognitive** and **psychomotor** competence, but also **affective** (or "feeling") competence. Because it is not very often practical to have people with medical conditions commonly treated by physical therapists visit the classroom and serve as 'mock patients,' **case scenarios** are an important teaching / learning strategy to promote student physical therapist affective competence. In fact, research has concluded that using case scenarios in the physical therapy classroom is *critical* in the preparation of student physical therapists to become competent entry-level physical therapists (e.g., Adame-Walker et al, 2020; Greenwood et al, 2017). Case scenarios invite and indeed require student physical therapists to consider and demonstrate the affective components of the provision of physical therapy, including accountability, communication, cul-

tural competence, professional behavior, professional development, and safety (Adame-Walker et al, 2020). Compassion and caring are also important (Catalino et al, 2015). Of these core abilities, the ability to effectively communicate is the most important (Greenwood et al, 2017). In fact, **communication** – which includes interpersonal, verbal, written, and electronic modes of interaction (ATPA, 2005d) – is the "foundation of entry-level practice" (Adame-Walker et al, 2020, p7).

Because it is imperative to be able to competently communicate with their patients (and their caregivers, colleagues, etc.), the student physical therapist ought to endeavor to master basic communication skills. According to the APTA (2005m, p18), the *minimum* communication skills (including conflict management and negotiation skills) of a student physical therapist graduate are:

1. Develop a rapport with patients/clients and others.
2. Display sensitivity to the needs of others.
3. Actively listen to others.
4. Engender confidence of others.
5. Ask questions in a manner that elicits needed responses.
6. Modify communication to meet the needs of the audience.
7. Demonstrate congruence between verbal and non-verbal messages.
8. Us appropriate grammar, syntax, spelling, and punctuation in written communication.
9. Use appropriate, and where available, standard terminology and abbreviations.
10. Maintain professional relationship with all persons.
11. Adapt communication in ways that recognize and respect the knowledge and experiences of colleagues and others.
12. Recognize potential for conflict.
13. Implement strategies to prevent and/or resolve conflict.
14. Seek resources to resolve conflict when necessary.

Application to Physical Therapy – Case #1:

You are an outpatient physical therapist starting your first session with patient Hilda, who sustained a left tibia fracture secondary to an accidental fall. Bearing in the mind the communication skills listed by the APTA, partner with a classmate and interact with your mock patient to illustrate how you would learn the details of Hilda's fall.

Application to Physical Therapy – Case #2:

You are a physical therapist working in acute care and are starting your first visit with patient James, who is 24-hours status post a right total knee arthroscopy. James is having difficulty removing the cold pack from his knee region, so you teach and assist him in doffing it. Bearing in the mind the communication skills listed by the APTA, partner with a classmate and interact with your mock patient James to illustrate how you would examine his pain, and began to instruct him in pain management. (We will continue our visit with James in Case 2-3.5. James, on page 34.)

THE APTA AND HEALTH PRIORITIES - 2015

In 2015, the APTA published the position statement "**Health Priorities for Populations and Individuals** HOD P06-15-20-11." The following excerpt demonstrates the APTA's support of physical therapists' expansion beyond traditional rehabilitation and it also directly links to the USA's ***Healthy People*** initiative: "Physical therapists provide education, behavioral strategies, patient advocacy, referral opportunities, and identification of supportive resources after screening for the following additional **health** priorities: (1) Stress management, (2) smoking cessation, (3) sleep health, (4) nutrition optimization, (5) weight management, (6) alcohol moderation and substance-free living, (7) violence-free living, and (8) adherence to health care recommendations" (APTA, 2019h, para 4).

APTA'S COUNCIL ON PREVENTION, HEALTH PROMOTION, AND WELLNESS – 2018

In January 2018, the APTA established the **Council on Prevention, Health Promotion, and Wellness** (**PHPW**). According to the APTA, the Council on PHPW is "a community for physical therapists, physical therapist assistants, and students who are interested in incorporating prevention, health, promotion, and wellness as an integral aspect of physical therapist practice, as well as in promoting and advocating for healthy lifestyles to reduce the burden of disease and disability on individuals and society. PTs and PTAs have the knowledge, skills, and abilities to guide people toward optimal health and wellbeing by supporting and facilitating behavior change for enhanced quality of life. In collaboration with interprofessional teams, they contribute to improved health outcomes by focusing on the values of individuals and populations" (2020p, para 2).

CHAPTER 1 – SECTION 4: PHYSICAL THERAPIST SCOPE OF PRACTICE

"The scope of practice for physical therapists is dynamic, evolving with evidence, education, and societal needs"
APTA (n.d., para 1)

As introduced in this chapter's 'Section 2: Wellness Related Terminology and Concepts,' complementary medicine is one of the four core components of holistic physical therapy. Examples of complementary medicines are acupressure, smoking cession, healthy eating, cupping, mental wellness, sleep wellness, and Tai chi. At this point, which of these do you think are within the physical therapist scope of practice and which do you think are not– and why? Like other medical disciplines, physical therapists have a scope of practice that identifies those examinations (tests/measures) and **interventions** that are within the legal framework of their education, experience, competence, and professional license – and those that are not.