



Franklin Physical Therapy at FitnessPro

THE ORTHOPEDIC AND SPORTS INJURY SPECIALISTS

FEBRUARY 2009 FPT Newsletter

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The Orthopedic and Sports Injury Specialists

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Hours:
Monday - Thursday
7:00 am to 7:00 pm
Friday
7:00 am to 12:00 pm

PHYSICAL THERAPY TREATMENT SUMMARY

The aim of this newsletter is to help explain to physicians what their patients will experience when they are referred to a physical therapist (PT).

During the patient's first visit an initial evaluation is typically performed. During our exam, we take a thorough general medical history and history of the chief complaint(s). This may include factors that aggravate and ease their pain/dysfunction, visual or verbal analog scale reports, functional limitations, and the patient's goals with physical therapy. We also perform a systems review, screening for any "red flags" that might indicate other disease processes that the patient failed to relate to his/her referring physician.

The objective portion of our exam may include joint range of motion, palpation for tissue tightness, muscle spasm, and/or pain, assessment of joint stiffness with hands-on techniques, strength and endurance measures, a neurological screening, flexibility tests, posture assessment, and special clinical tests (e.g. Neer's Test for shoulder impingement). So if you have a patient with chronic tendon pain, physical therapy may be very beneficial.

The PT then reviews his/her subjective and objective findings, systems review, and tests and measures. The PT then evaluates the findings to develop a functional diagnosis (not a medical diagnosis) and prognosis for the patient. He/she must consider the severity and complexity of the impairments and the probability of prolonged impairment, functional limitations that contribute to disability, the living environment; potential discharge destinations; and social support.

Diagnosis is chosen from over 30 practice patterns. Examples are: Impaired Joint Mobility, Motor Function, Muscle Performance, and Range of Motion Associated With Localized Inflammation, Primary Prevention/Risk Reduction for Cardiovascular/Pulmonary Disorders, Impaired Aerobic Capacity/Endurance Associated with Cardiovascular Pump Dysfunction or Failure, etc.

A prognosis is made which includes the expected optimal level of function that may be achieved with physical therapy intervention and the time frame during which this will be achieved. The plan of care is a detailed list of goals/outcomes that may be achieved and takes into consideration the patient's perspective.

TREATMENT INTERVENTIONS

The interventions are outlined and may include, but are not limited to, therapeutic exercise, patient education, physical agents, electrotherapy, manual therapy, and functional training.

A discharge plan is finally formulated when the patient completes physical therapy.

Essential to the process is proper documentation and communication with the referring physician, payer, patient, and social support.

So, that describes what your patient will experience. I hope that this brief outline of what occurs when your patient is referred to physical therapy is helpful.

Reference: Guide to Physical Therapist Practice, Second Edition, (ISBN 1-887759-85-9, 744 pgs, 2001).

For more information about our clinic, check out our website@

<http://www.franklinpt.com>

Until Next Month,

Thanks from Matthew J. Tibert, MS, PT, CSCS

Thank you for taking the time to read this newsletter. Healthy regards from Franklin Physical Therapy!