



SCOREBUILDERS



SPOTLIGHT *Series*

**Safety and Protection;
Professional
Responsibilities.**

Presented by Dan Dandy PT DPT

Safety,
Protection and
Professional
Responsibilities

1. Content Review





Safety,
Protection and
Professional
Responsibilities

1. Content Review
2. Principles of Clinical Reasoning

Safety,
Protection and
Professional
Responsibilities

1. Content Review
2. Principles of Clinical Reasoning
3. Integration of Test Taking Strategies

Safety,
Protection and
Professional
Responsibilities

“...but is this necessary?”



Safety,
Protection and
Professional
Responsibilities

FSBPT Blueprint:

7-10 questions on NPTE-PTA

CLINICAL REASONING PRINCIPLES

Safety,
Protection and
Professional
Responsibilities

<u>Content Area</u>	<u># Questions</u>
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- | | |
|---|--------|
| • Data Collection: | ~ 33 |
| • Diseases/Conditions that Impact Effective Treatment: | ~ 40.5 |
| • Interventions: | ~ 47.5 |

+ Clinical Reasoning Principles

“Much more than 7-10”

Safety,
Protection and
Professional
Responsibilities

“...but wait,
there’s more...”



Safety,
Protection and
Professional
Responsibilities

CPI:

#1: Safety

#2: Clinical Behaviors

#3: Accountability

#5: Communication

#7: Clinical Problem Solving

#8 – 12: Interventions

Safety,
Protection and
Professional
Responsibilities

CPI:

- #1: Safety.....Red Flag
- #2: Clinical Behaviors.....Red Flag
- #3: Accountability.....Red Flag
- #5: Communication.....Red Flag
- #7: Clinical Problem Solving....Red Flag
- #8 – 12: Interventions

Safety,
Protection and
Professional
Responsibilities

SOURCES OF ERRORS ON EXAM:



Safety,
Protection and
Professional
Responsibilities

SOURCES OF ERRORS ON EXAM:

1. Test-Taking Mistakes
2. Academic Errors
3. **Decision-Making Mistakes**

Safety,
Protection and
Professional
Responsibilities

- 1. Content Review**
2. Principles Surrounding Content
3. Test Taking Strategies for Content

Safety,
Protection and
Professional
Responsibilities

Emergent Situations

S/S, Etiology and Response - **ACTION**

The Unresponsive Patient

- Calling a Code
- **Technique for CPR**

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Professional
Responsibilities

Technique for CPR

- **Rate:** 100 – 120/min
- **Depth of Compressions:**
 - Infant and Child: 1/3 AP depth
 - Adult: At least 2"
- **Ratio:**
 - Infant/Child: 30:2 or 15:2 (2 person)
 - Adult: 30:2

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Protection and
Professional
Responsibilities

Emergent Situations:

S/S, Etiology and Response - **ACTION**

- Autonomic Dysreflexia
 - **SCI:** Above T6
 - **S/S:** HTN, Bradycardia, Headache..
 - **Etiologies:** Bladder, catheter...
 - **Response:**
 - Positioning
 - Etiology
 - Vitals

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Protection and
Professional
Responsibilities

Emergent Situations:

S/S, Etiology and Response - **ACTION**

- CVA or MI
- Hyper/Hypo...Tension (Norms)
- Hyper/Hypo...Glycemia
- DVT / PE
- Seizure / Shock

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Emergent Situations:

S/S, Etiology and Response

- **Hyperglycemia:**

- Thirst & Urination

- **Hypoglycemia:**

- Hunger, Confusion, Agitated, Headache, Weakness

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Professional
Responsibilities

Emergent Situations:

S/S, Etiology and Response

- DVT / PE
- Seizure:
 - Airway. Head. Safety. Vomiting.
- Shock: Hypovolemic: Fluid loss
 - Hypotension. Hypothermic.
 - Rapid, shallow pulse.
 - Alter mental status. Weakness.
 - SUPINE: Elevate LEs

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Professional
Responsibilities

Emergent Situations:

Disaster Response:

- RACE:
 - Rescue, Alarm, Contain, Exit
- First Aid Techniques

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Professional
Responsibilities

Regulations

- HIPAA, OSHA
- ADA and Accessibility Requirements:
 - Doorways:
 - 32" width min
 - Hallway:
 - 36" width
 - Turns:
 - 60"
 - Ramp:
 - 36" wide.
 - 1" rise: 12" run

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Professional
Responsibilities

Injury Prevention Measures

- **Environmental Set-up**
- **Body Mechanics**
 - **Types of Lifts**
 - **When each best to be used**
 - **Role of the Pelvis**

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Professional
Responsibilities

Regulations and PTA Practice

Reporting Fraud

Recognizing the Signs of Abuse

Reporting Abuse

Professional Boundaries:

- The “DC” Summary, Eval, Interpretation
- Use of Physical Therapy Aides

Safety,
Protection and
Professional
Responsibilities

Prevention Strategies:

Infection Control:

- Standard Precautions
- Transmission-Based Precautions

PPE: Mask, G, G & G, Booties & Footwear

- Airborne: TB, Measles, Chicken pox
- Droplet: Pneumonia, Strep, Flu
- Contact: C-Diff, Herpes, Scabies, Ebola

Signs of Infection:

- Local – Systemic – VS – Cognition – (UTI)

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Protection and
Professional
Responsibilities



CLINICAL REASONING
PRINCIPLES

“Problem Solving
Algorithm
Utilized by PTAs
in Patient/Client
Intervention”

2007 APTA



CLINICAL REASONING
PRINCIPLES

“Problem
Solving
Algorithm
Utilized by PTAs
in
Patient/Client
Intervention”

**FIRST 4 QUESTIONS:
PRINCIPLES: PATIENT SAFETY & PROTECTION
as well as
PROFESSIONAL RESPONSIBILITIES**

“Problem
Solving
Algorithm
Utilized by PTAs
in
Patient/Client
Intervention”

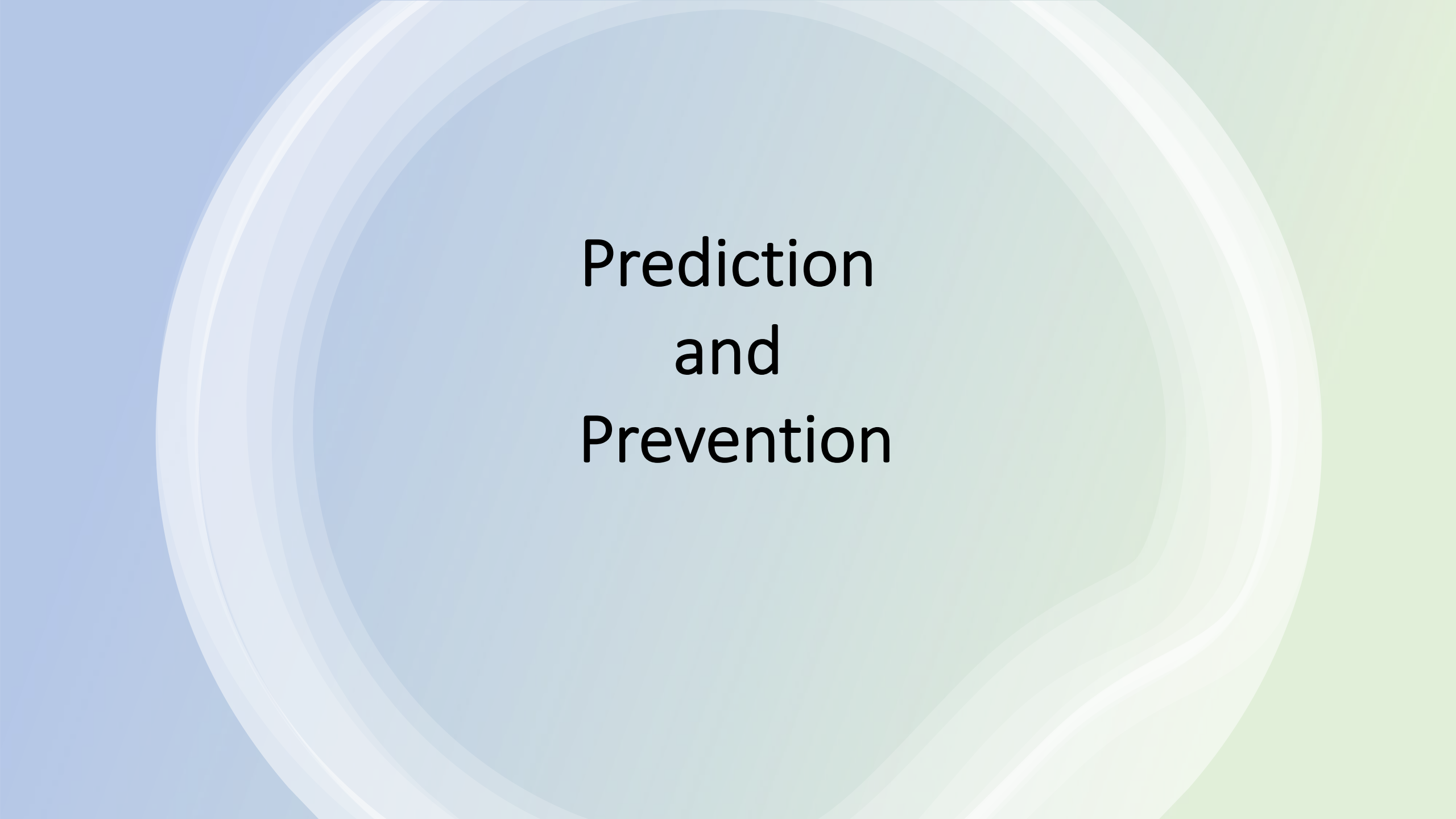
- Question 1: **Seeking clarification** *prior to Rx*
- Question 2: **Collecting and comparing data** *prior to Rx*
- Question 3: **Monitoring the patient** for safety and comfort *during interventions*.
- Question 4: **Determining if modifications** to given intervention(s) will **ensure patient safety** and comfort **or** if an intervention **needs to be terminated** and the PT informed.

“Problem
Solving
Algorithm
Utilized by PTAs
in
Patient/Client
Intervention”

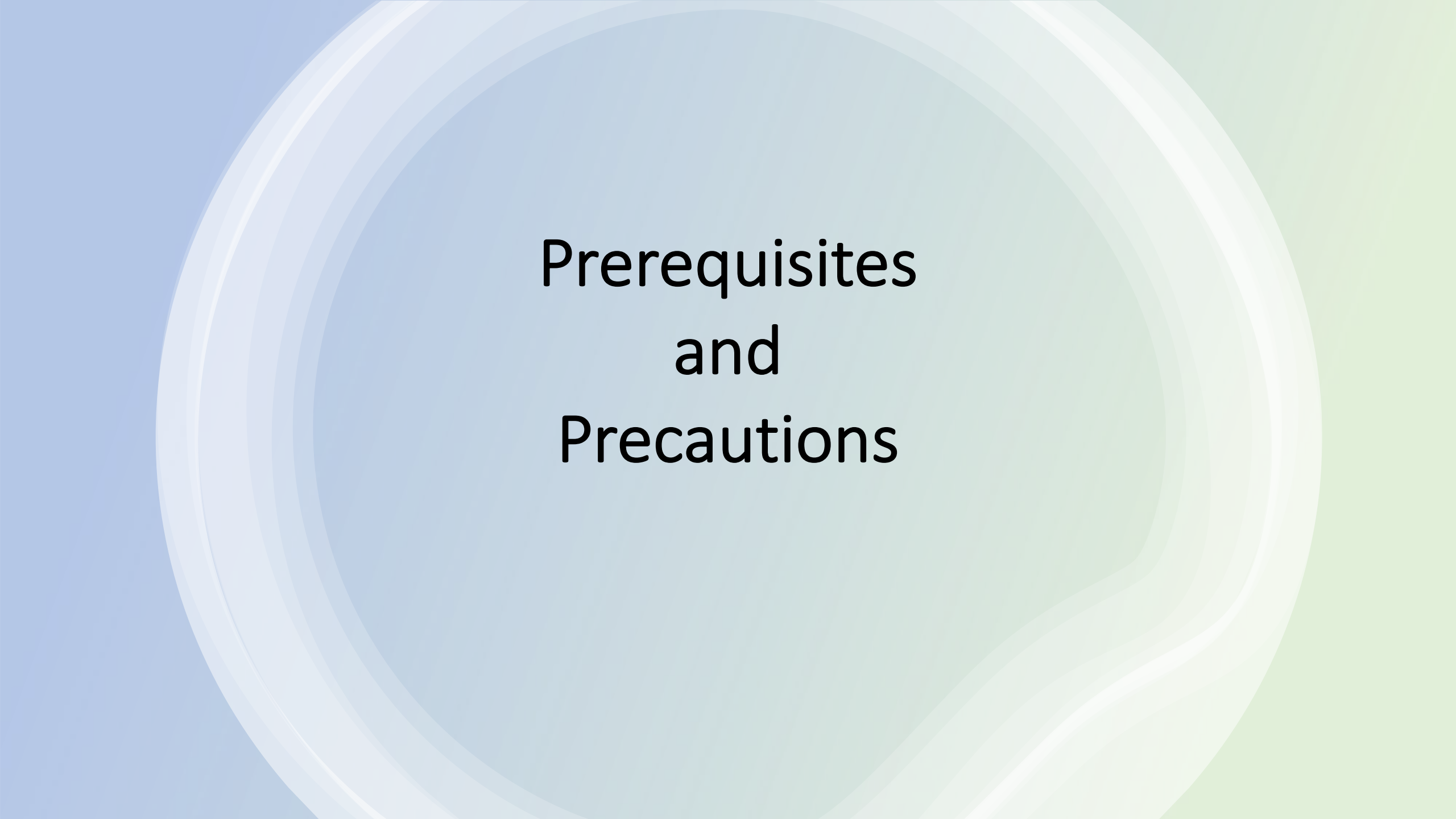
Clinical Reasoning and
Decision-Making Principles



Communication And Clarity



Prediction and Prevention



Prerequisites and Precautions



Monitoring and Modifications

Communication and Clarity:
Regarding
Patient
and
Intervention

SEEK FIRST TO UNDERSTAND:

- **Part I:** Before you meet Patient
- **Part II:** Before you begin Rx
- **Sources:**
 - Medical Record
 - Physical Therapist
 - Patient
- **REQUIRES:** Wisdom
 - Where to look for What
 - Communication Skills: How to ask

**Our first step in
determining if this patient is safe for
the given intervention**

Communication and Clarity:
Regarding
Patient
and
Intervention

**APPLICATION TANGENT:
Inattentional Blindness**

“Looking is not seeing”

Communication and Clarity:
Regarding Patient
and
Intervention

APPLICATION TANGENT:

Inattentional Blindness Prevention

- Read the question twice
 - Priority Terms
- “You must fly the weather you are in, not the forecast”
 - Do not read into the question or options.

Communication and Clarity:
Regarding
Patient
and
Intervention

SEEK FIRST TO UNDERSTAND:

- **Part I:** Before you meet Patient
- **Part II:** Before you begin Rx
- **Sources:**
 - Medical Record
 - Physical Therapist
 - Patient
- **REQUIRES:** Wisdom
 - Where to look for What
 - **Communication Skills: “What to ask”**

**Our first step in
determining if this patient is safe
for the given intervention**

Prerequisites and Precautions for Intervention

PREREQUISITES: For Safe Participation

Posture and Positioning

- Level of Comfort: Physical and Emotional
- Strength and ROM
- Weight bearing and balance
- Endurance: Muscular or Cardiopulmonary
- Cognition

PRECAUTIONS: Regarding Safe Participation

- HPI-related
- Positional: Orthostasis/Orthopnea
- Weight Bearing or Lifting Restrictions
- Cardiopulm/Ortho/Neuro/Integumentary/Metabolic
- Pain/Anxiety

Prerequisites and Precautions for Intervention

Application to an Exam Question

- Does the answer option *violate* a prerequisite or a precaution

Example:

- If the stem involves a patient who is PWB'g on their RLE, you can safely dismiss options that require that patient to:
 - Stand unsupported
 - Use only a unilateral AD for locomotion
 - Activities requiring equal weight on BLEs

Prerequisites and Precautions for Intervention

Application to an Exam Question

- Does the answer option violate a prerequisite or a precaution

Example:

- If the stem involves a patient who is PWB'g on their RLE, you can safely dismiss options that require that patient to:
 - Stand unsupported – **Functional Reach Test**
 - Use only unilateral AD – **Gait, transfer or TE**
 - Activities requiring equal weight on BLEs – **Functional Mobility**

Prediction and Prevention for Intervention

“BEGIN WITH THE END IN MIND”

Predictions are based on:

- Diagnosis
- HPI and Co-morbidities
- PMH
- Environment
- Acuity of symptoms

Prevention strategies:

- Directly related to Predictions
- Directs your use of Modifications
- Dictates the Metrics you will be Monitoring

Prediction and Prevention for Intervention

Prediction Application to an Exam Question:

Does an answer option pose a risk to the patient based on the diagnosis/HPI/PMH?

Example:

Post-op patient with orthostatic hypotension is at increased risk for syncope with various activities:

85 yof patient; POD 2 following TKR. History of 3 recent falls; 2 of which occurred when she first stood up.

Prediction and Prevention for Intervention

85 yof patient; POD 2 following TKR. History of 3 recent falls; 2 of which occurred when she first stood up.

Based on patient's history:

1. What can you predict may happen during the following tests?
2. Is there anyway to prevent it?

Prediction and Prevention for Intervention

85 yof patient; POD 2 following TKR. History of 3 recent falls; 2 of which occurred when she first stood up.

Based on patient's history,

1. What can you predict may happen during the following tests? **Syncope / Pain / Fatigue**
2. Is there anyway to prevent it? **Yes**

Prediction and Prevention for Intervention

85 yof patient; POD 2 following TKR. History of 3 recent falls; 2 of which occurred when she first stood up.

Based on patient's history, the least appropriate balance test would be:

- 5 times STS
- TUG
- Tinetti Balance and Gait Assessment
- 30 second chair rise

Prediction and Prevention for Intervention

85 yof patient; POD 2 following TKR. History of 3 recent falls; 2 of which occurred when she first stood up.

Based on patient's history, the **least** appropriate balance test would be:

(Syncope, Pain, Fatigue)

- 5 times STS ---- Increases risk
- TUG --- May increase / AD for prevention
- Tinetti Balance and Gait Assessment - “ “
- **30 second chair rise -- Really Increases risk**

Monitoring and Modifications of Intervention

Monitoring:

- Based on your Prevention, Predication and Precautions analysis
- Allows for *relevant* data collection
 - Determines appropriateness (safety) of intervention for patient
 - Clarifies / Determines when to:
 - **Advance, Modify or Terminate** an intervention

Modifications:

Based on your Prevention, Predication and Precautions analysis AND

- Results of your Monitoring

Monitoring and Modifications of Intervention

Application to an Exam Question

Monitoring Examples:

- Consider options that address monitoring metrics that are relevant to the patient
- BP for a patient experiencing or at risk orthostasis
- Catheter lines / clothing for patient with SCI
- Seat height to THR precautions
- Vital signs for Cardiopulm
- RPE for CardioPulm / meds

Monitoring and Modifications of Intervention

Application to an Exam Question

Modification Examples:

Does the option offer an adaptation or modification that increases patient safety?

- Consider an option for a patient with **orthopnea** if the option allows for an **upright position** to be used to complete the activity.
- Consider an option for a patient with **hip precautions** if the option offers **position or movement patterns** that **decreases risk** of dislocation.

Monitoring and Modifications of Intervention

Application to an Exam Question: Modification

A 75 yo patient has fall history related to syncope when first standing up. To minimize the risk of orthostasis, the most appropriate modification to their transfer training would be:

- To lower the seating surface used in training
- To use a unilateral AD during training
- To raise the seating surface used in training
- To use a bilateral AD during training

Monitoring and Modifications of Intervention

Application to an Exam Question: Modification

A 75 yo patient has fall history related to syncope when standing up. To **minimize the risk of orthostasis**, the most appropriate modification to their transfer training would be:

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Monitoring and Modifications of Intervention

Application to an Exam Question: Modification

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- ~~To use a **unilateral AD** during training~~
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- ~~To use a **bilateral AD** during training~~

Monitoring and Modifications of Intervention

Application to an Exam Question: Modification

A 75 yo patient has fall history related to syncope when standing up. To **minimize the risk of orthostasis**, the most appropriate modification to their transfer training would be:

- ~~To lower the seating surface used in training~~
- ~~To use a **unilateral AD** during training~~
- To **raise the seating surface** used in training
- ~~To use a **bilateral AD** during training~~

Safety,
Protection and
Professional
Responsibilities

1. Content Review
2. Principles Surrounding Content
3. Test Taking Strategies for Content

Application: TUG Test

- **COMMUNICATION AND CLARITY: I**
- **Prerequisites and Precautions**
- **Prediction and Prevention**
- **Monitoring and Modifications**
- **Communication and Clarity: II**

Application: TUG Test

COMMUNICATION AND CLARITY:

**Medical History Information in the stem to help you
DETERMINE if this patient is a candidate for
TUG**

Application: TUG Test

Does Patient have: PREREQUISITES

- **Sit to Stand**
 - ROM / Strength
 - Cognition
 - Non or manageable Orthostatic Response / Pain
- **Gait**
 - Minimum of 20'
 - Endurance, strength, balance
 - Motor control and motor planning skills
 - Prior use of AD, etc.
- **Cognition**
- **Vision & Hearing**
- **Environment**
 - Chair, space, AD, footwear, manageable distraction,
 - Assistance of another - ?

Application: TUG Test

What at the patient's PRECAUTIONS:

- **Fall:**
 - Syncope or LOB
 - Impaired LE strength or endurance: LEs or CV
 - Impaired understanding of instructions
 - Impaired motor control/planning
 - Insufficient assistance
- **Diagnosis-Related**
 - **Cardiopulmonary:**
 - Changes to HR, BP, RR, O2 level, excessive fatigue
 - **Neuro/Ortho:**
 - Unfavorable Pain Response; Increased Spasticity; etc.
 - Amputee: Prosthetic issues
 - **Medications: New or Pre-existing**

Application: TUG Test

What events can be PREDICTED

How might they be PREVENTED:

EXAMPLE: Sit to Stand Phase: Syncope

- **BP Checks:** Prior to test for orthostasis
- **Patient education and instructions**
 - Their role in safety
- **Patient *preparation and practice* of this skill**
- **Therapist preparation:**
 - Gait belt
 - AD
 - Use of another assist
 - BP
 - Warm-up

Application: TUG Test

MONITORING AND MODIFICATIONS:

EXAMPLE: Orthostasis

Signs and Symptoms

- **BP:** Prior as well as...vital signs...
- **Patient's**
 - Subjective reports
 - Affect and changes
 - Their clarity with “teach-back” competence
- **Safeguards:**
 - W/C
 - Assistance
 - Patient understanding

Application: TUG Test

A physical therapist assistant plans to complete a TUG test on their 73 yo patient. Their patient is s/p a recent MI after which they were prescribed to take a beta blocker BID. The therapist's best approach to completing the TUG test would be:

Application: TUG Test

A physical therapist assistant plans to complete a **TUG test** on their 73 yo patient. Their patient is **s/p a recent MI** after which they were prescribed to take a **beta blocker BID**. The therapist's **best approach** to completing the TUG test would be:

Application: TUG Test

A physical therapist assistant plans to complete a **TUG test** on their 73 yo patient. Their patient is **s/p recent MI** after which they were prescribed to take a **beta blocker BID**. The therapist's **best approach** to completing the TUG test would be:

1. Postpone the TUG until the patient is no longer taking the beta blocker.
2. Perform the TUG at the very beginning of the rx session to avoid fatiguing the patient.
3. Postpone the TUG until the patient's cardiologist clears them for the test.
4. Perform the TUG only after they assess the patient for orthostatic hypotension.

Application: TUG Test

A physical therapist assistant plans to complete a **TUG test** on their 73 yo patient. Their patient is **s/p recent MI** after which they were prescribed to take a **beta blocker BID**. The therapist's **best approach** to completing the TUG test would be:

1. Postpone the TUG until the patient is no longer taking the beta blocker.

This assumes that the beta blocker is causing orthostasis. While a reasonable assumption, it is not known based on the information in the question. Care must be taken when we 'read into' a question. "No longer" – again, assumes the med will be d/c'd.

"Just answer the question is asked"

Application: TUG Test

A physical therapist assistant plans to complete a **TUG test** on their 73 yo patient. Their patient is **s/p recent MI** after which they were prescribed to take a **beta blocker BID**. The therapist's **best approach** to completing the TUG test would be:

2. Perform the TUG as the very first activity of the rx session to avoid fatiguing the patient.

The term 'first activity' is ambiguous and troubling. It may mean prior to any other activity. In this case, it is violating prediction/prevention principles as activity without a warm-up increases the risk of an unfavorable event for CP patients.

Application: TUG Test

A physical therapist assistant plans to complete a **TUG test** on their 73 yo patient. Their patient is **s/p recent MI** after which they were prescribed to take a **beta blocker BID**. The therapist's **best approach** to completing the TUG test would be:

3. Postpone the TUG until the patient's cardiologist clears them for the test.

Not a customary or usual practice. The TUG falls under the purview of your practice.

Trust your knowledges of professional responsibilities as well as indications and contraindications for interventions, data collection and medical conditions.

Application: TUG Test

A physical therapist assistant plans to complete a **TUG test** on their 73 yo patient. Their patient is **s/p recent MI** after which they were prescribed to take a **beta blocker BID**. The therapist's **best approach** to completing the TUG test would be:

4. Perform the TUG only after they assess the patient for orthostatic hypotension.

This answer is specific to the safety concern of the beta blocker in a way that does not assume anything. It reflects the uses of the prediction and prevention that are based on your data collection prior to the intervention TUG).

Allow your clinical decision-making to be guided by logic, facts and the principles of safe patient care.

Application: Fall Risk Assessment

A physical therapist assistant is asked to perform a fall risk assessment to determine a patient's fall risk prior to discharge home. The patient is an **82 yo** individual, **3 days s/p left hip ORIF** d/t a fall at home. Which of the following would be the **LEAST** appropriate test?

- **Use Caution with LEAST and related qualifiers**
- **Strike-through feature**

Application: Fall Risk Assessment

A physical therapist assistant is asked to perform a fall risk assessment to determine a patient's fall risk prior to discharge home. The patient is an 82 yo individual, 3 days s/p left hip ORIF d/t a fall at home. Which of the following would be the LEAST appropriate test?

1. TUG
2. Tinetti Test
3. Falls Efficacy Scale
4. Functional Reach test

Application: Fall Risk Assessment

3 days s/p left hip ORIF d/t a fall

Which of the following would be the **LEAST** appropriate test?

Prerequisites/Precautions

Prediction/Prevention

1. TUG
2. Tinetti Test
3. Falls Efficacy Scale
4. Functional Reach test

Application: Fall Risk Assessment

3 days s/p left hip ORIF d/t a fall

Which of the following would be the **LEAST** appropriate test?

Prerequisites/Precautions - PWB'g/NWB'g
Prediction/Prevention – PWB'g/NWB'g

1. TUG
2. Tinetti Test
3. Falls Efficacy Scale
4. Functional Reach test

Application: Fall Risk Assessment

Which of the following would be the **LEAST** appropriate test?

Strike-Through Strategy: All that are MOST

- ~~1. TUG~~
- ~~2. Tinetti Test~~
- ~~3. Falls Efficacy Scale~~
- 4. Functional Reach test**

Red Herrings



**Possible,
Plausible
Options
but
Deliberate
Distractors**

Red Herrings



Decision Fatigue

Red Herrings and **Decision Fatigue**



**When overwhelmed by
too many choices or
too much ambiguity...**

Beware of Decision Fatigue.

Red Herrings and **Decision Fatigue**



**Too many choices
+ Too much ambiguity
Decision Fatigue.**

DECISION-MAKING QUESTIONS:

Weighing options

Unknown material

Confusing questions

Red Herrings and **Decision Fatigue**



Symptoms:

- Increased time spent on questions
- **Reading into stem or answer options** (What if....)
- Look for safety with superlatives
- Becoming Irrational and Impulsive

Decision Fatigue: Prediction & Prevention Symptoms and Solutions



Suggestions:

- Use strike-through feature
- Time limit/question; then move on
 - Avoid “What If’s”
- Consider it to be a trial question
- Value of moving on.....



Red Herrings



Appendectomy, Seasonal Allergy, Orthopnea, COPD, Tinnitus,
Claustrophobia, DJD right wrist, Rotator Cuff Sprain

Ankle Pumps in Seated Position

AVOID the “What If’s”



Red Herrings



Appendectomy, Seasonal Allergy, Orthopnea, COPD, Tinnitus,
Claustrophobia, DJD right wrist, Rotator Cuff Sprain

Lumbar traction.



Red Herrings



~~Appendectomy~~, ~~Seasonal Allergy~~, **Orthopnea**, **COPD**, ~~Tinnitus~~,
Claustrophobia, ~~DJD right wrist~~, ~~Rotator Cuff Sprain~~

Lumbar Traction



Red Herrings



Appendectomy, Seasonal Allergy, Orthopnea, COPD, Tinnitus,
Claustrophobia, DJD right wrist, Rotator Cuff Sprain

SLR in Supine



Red Herrings



Appendectomy, Seasonal Allergy, **Orthopnea**, **COPD**, Tinnitus,
Claustrophobia, DJD right wrist, Rotator Cuff Sprain

SLR in Supine

Decision Fatigue: Prediction & Prevention Symptoms and Solutions



Suggestions:

- Use strike-through feature
- Time limit/question; then move on
 - Avoid “What Ifs”
- Consider it to be a trial question

- Value of moving on.....

Safety,
Protection and
Professional
Responsibilities

1. Content Review:


- Specific knowledges and metrics

2. Principles of Clinical Reasoning

- A decision-making guide: Clinic / Exam

3. Test Taking Strategies:

- **Apply Principles**
- **Avoid:**
 - **Inattentional Blindness**
 - **Decision Fatigue**



Study Smart

!! Best of Luck !!



SPOTLIGHT *Series*

Thanks for Tuning In!

Visit our website www.scorebuilders.com for more information
on all of our products.

