



# Physical Therapy Intern Manual

Chickasha Choctaw Davis Elk City Newcastle  
Norman Oklahoma City Pauls Valley Stillwater

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## Welcome to Our Clinic

Dear New Student Intern:

We're very happy to welcome you to Physical Therapy Central, Inc. Thank you for joining us! We want you to feel that your association with us will be a mutually beneficial and pleasant one.

You have joined a practice that has established an outstanding reputation for providing quality services. Credit for this goes to every one of our employees and interns. We hope you, too, will find satisfaction and take pride in your work here.

The purpose of this manual is to provide you with information about the policies and procedures that are the foundation of this clinic. The procedures outlined will reinforce work standards and treatment guidelines that will allow all of us to work more effectively together. We want to make sure that we are moving together toward common goals. We hope to obtain and maintain an open relationship of trust and communication.

All interns are encouraged to ask any questions about the intern manual and practice guidelines. If anything is unclear, please discuss the matter with your Clinical Instructor. You are responsible for reading and understanding this manual. I have found that you're learning depends on how much effort they put into this internship. We are here to guide you and mentor you though your internship, but you must seek knowledge for your growth to take place. PTC is a place where we are committed to helping you learn and providing an atmosphere where you can feel comfortable so that you can learn.

Each person who is involved with this clinic is essential for its success. We are glad that you are part of what we are doing. *Each and every team member makes a statement about the quality of care that we extend to our patients.*

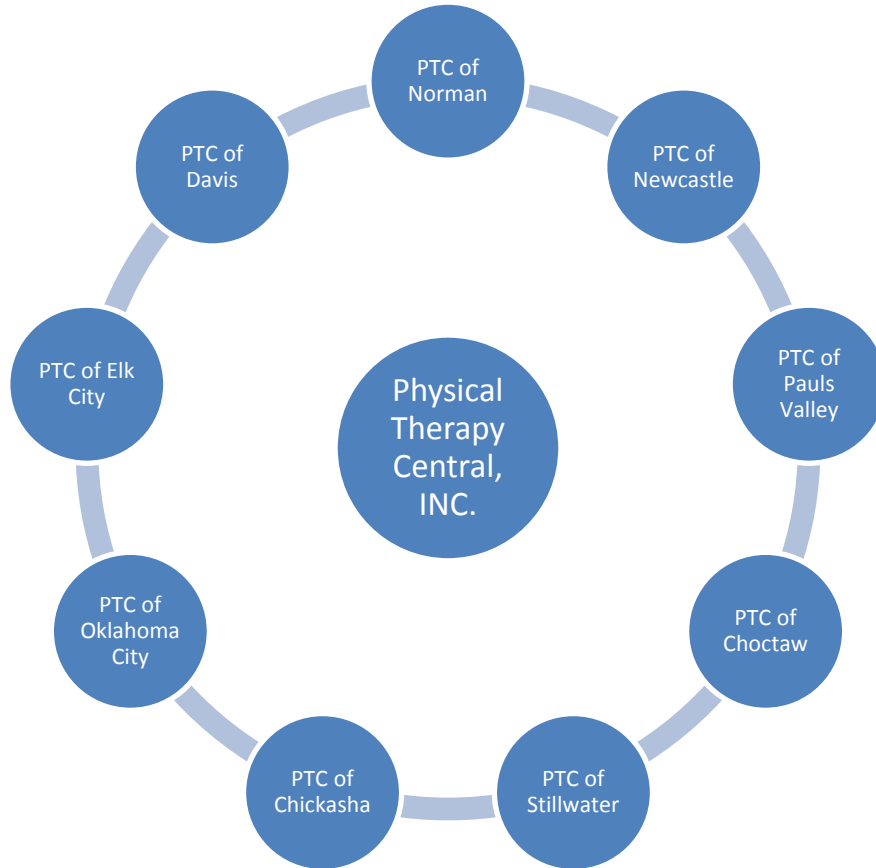
We extend to you our personal best wishes for your success and growth as a physical therapist during your time at our clinic.

Best Regards,

Jake Shockley, PT, OCS  
Center Coordinator of Clinical Education

**Please read the manual and bring it with you the first day of your internship.**

## Physical Therapy Central Clinics



Physical Therapy Central, Inc. is a practice management company that fosters growth, management practices and economic viability. PTC Inc. assists in insurance billing, credentialing, marketing, human resources, accounting, accounts receivable, personnel training and strategic planning. PTC Inc. partners with each of the individual clinics and ties the clinics together. PTC Inc. is owned by Bridgit Finley, Dana Martin and Mindy Martin.

PTC of Norman is owned by Bridgit Finley and Casey Kirkes, is the Clinic Director.  
PTC of Newcastle is owned and managed by RaeAnn Thomas.  
PTC of Pauls Valley is owned and managed by Kahn Nirschl.  
PTC of Choctaw is owned and managed by Jeff Hogan.  
PTC of Oklahoma City is owned and managed by Jamie Wyrick and Jennifer Edwards.  
PTC of Stillwater is owned and managed by Ken Schaecher.  
PTC of Chickasha is owned and managed by Amy Lee.  
PTC of Elk City is owned by Dale Boren.  
PTC of Davis is owned by Janie Taylor and Kahn Nirschl.

## **Philosophy of Care**

The philosophy of Physical Therapy Central is to provide evidenced based physical therapy services. Meeting the individual needs of each patient is of the utmost importance, as is assisting the patient to achieve their goals. The care provided to the patients of Physical Therapy Central should be customized to meet their individual needs and goals.

A strong emphasis is placed upon detailed evaluation and patient education. It is important that our patients understand the cause, the treatment and the prevention of their condition. Our patients are encouraged to accept responsibility for their rehabilitation and actively participate in a home management program.

Physical Therapy Central is founded on the commitment to excellence as an innovative outpatient clinic. The clinic believes in the importance of providing comprehensive musculoskeletal evaluation and treatment in an environment that is positive and friendly. Incorporating a health promotion and injury prevention approach to medical care is of primary focus.

The philosophy of Physical Therapy Central supports the development of a model clinic in terms of patient and community education, programming, clinical education, research, administration, and professional development. A team approach is utilized to provide services for all patients.

## **Goals**

This manual has been developed to clarify and establish formal guideline for Physical Therapy interns at Physical Therapy Central. It is intended to outline our philosophy on clinical education and mentorship. It will be used to inform, educate and set expectation of your clinical experience.

## **The Patients**

Our patients are the single most important part of our practice. Patients are our employers. We work for them. Patients are never an interruption of our work activities. Nothing matters as much as taking care of our patients' individual needs. Remember -always- that we are here for the patient. They are not here for us.

We build our practice on personal referrals from patients who become a part of our practice. We receive this type of confidence by concentrating our activities, words, and actions upon meeting the needs of our existing and potential patients.

The level of care that we extend comes from the heart. It represents a sincere, caring attitude for each and every one of our patients. These qualities are not taught in school. You must develop patience, understanding, empathy and humor. Physical Therapy is like a "Dance;" a dance between patient and therapist... full of tricky moves, pain, exhilaration, and ultimate teamwork and trust.

Sometimes as new clinicians we focus so intently on the diagnosis and treatment protocol that we forget the patient. The more we learn about healing, the more we understand that the body, mind and soul have to work together for healing to occur. We cannot just treat a "neck" and expect exceptional results. At Physical Therapy Central, we want to create an enthusiastic and warm atmosphere where patients can heal.

### ORIENTATION CHECKLIST

- \_\_\_\_\_ Review Intern Manual
- \_\_\_\_\_ Student Desk
- \_\_\_\_\_ Work hours, Parking, Meals
- \_\_\_\_\_ Kitchen
- \_\_\_\_\_ Introduction to people in the department
- \_\_\_\_\_ Tour of facility
- \_\_\_\_\_ Schedule of meetings, in-services
- \_\_\_\_\_ Schedule of your individual meetings with CI
- \_\_\_\_\_ Date of the midterm and final evaluation
- \_\_\_\_\_ Routine safety procedures in the facility
- \_\_\_\_\_ Emergency Procedures
- \_\_\_\_\_ Telephone and other equipment use
- \_\_\_\_\_ Utilization of office staff / techs
- \_\_\_\_\_ Review student objectives / outcomes / goals
- \_\_\_\_\_ Responsibilities of the Student and CI
- \_\_\_\_\_ Discuss learning and teaching styles
- \_\_\_\_\_ What to do when the CI is not there
- \_\_\_\_\_ What to do when the student is unable to come in to the clinic
- \_\_\_\_\_ Unique learning experiences available to the student
- \_\_\_\_\_ Student's phone number / CI phone number

#### Patient Care

- \_\_\_\_\_ Scheduling
- \_\_\_\_\_ Expected case load and schedule
- \_\_\_\_\_ Referrals
- \_\_\_\_\_ Billing, Notes, Dictation
- \_\_\_\_\_ Computer exercise program

## Introduction

*“The effort of resolution...to the achievement of this purpose. I found to be...as if I had to make up my mind to leap from the top of a high house, or plunge into a great depth of water:*

- “Pip” Great Expectations  
By Charles Dickens

Many of the participants in the clinical education experience may have feelings similar to those of the Dickens character Pip; taking part in clinical education may feel like taking a plunge into unknown depths. Every student that participates in clinical education will come to the clinic with different expectations. If the expectations are not clearly communicated, those involved could definitely feel as though they are making a leap of faith into the experience. To avoid any pitfalls, the expectations of the clinic are listed below.

## Clinical Instructor Expectations of Interns

- Arriving on time, or early
- Dressing appropriately
- Knowing when to help without being asked – we expect you to get involved.
- Being motivated, enthusiastic, and showing interest in clinical education
- Accepting and using complimentary and constructive feedback on performance
- Demonstrating appropriate self-confidence
- Showing adaptability and professionalism
- Performing at the level appropriate to educational and clinical background
- Being well-prepared to apply didactic course work to the clinical setting- you may need to study and review prior to the clinical rotation
- Providing the clinical instructor with constructive feedback about the educational experience
- Adhere to policies and procedures of Physical Therapy Central
- Discuss misunderstandings and problems as they occur
- Adhere to our Core Values

We would like for you to write out your expectations of the clinical instructor and we will discuss the list with you by the end of the first week.

## Student Expectations of the Clinical Instructor

- 
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- 
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## Expectations of the Consumer

Perhaps the most important participant in the clinical education process is the consumer of physical therapy services. The patient who is treated by the intern expects to be treated by a competent, knowledgeable, and professionally trained individual. These expectations do not change when an intern provides the treatment. Every clinical instructor must strike a balance between “concern for the patient and concern for the learner” and make decisions about patient assignment that are in the best interest of both the patient and the intern.

If you feel overwhelmed, or uncomfortable please ask your CI to step in and work with the patient. It is appropriate to ask for help and feedback, you are a student and the objective is to learn. Never treat a patient that you are not comfortable treating or you do not have the skill to treat.

### **Vision**

To embrace clinical education on a peer to peer basis so that the mentor and student can provide evidence based physical therapy.

### **Mission**

To guide the student intern from beginner to beyond entry-level performance.

**General Goals and Objectives:** Upon completion of your internship you will be able to:

1. Exhibit a comprehensive knowledge of orthopedic related anatomy.
2. Be able to use evidenced based clinical decision making.
3. Educate patients about the anatomy, function and rehabilitation of common orthopedic dysfunctions.
4. Instruct patients in the independent home management for their condition and provide a written home exercise program.
5. Demonstrate professional communication skills with patients, physicians, adjustors, and physical therapy department staff members.
6. Be able to think on your feet and adaptable to change.
7. Provide effective and efficient treatment in a timely manner.

### **Second Year Student Physical Therapist (SPT) Goals and Objectives**

#### Midterm

1. SPT will demonstrate solid understanding of contraindications, precautions, and indications for outpatient PT interventions including but not limited to: manual therapy, therapeutic exercise, modalities and demonstrate no red flags with CPI #1-5.
2. SPT will complete independent chart review and subjective history on initial evaluations to arrive at a differential diagnosis of 2-3 probable conditions to begin the objective physical therapy examination.
3. SPT will appropriately select/perform reasonable tests/measures and select/interpret special tests for patients with simple orthopedic conditions involving the peripheral joints with <50% CI assistance.
4. SPT will independently manage at least 25% full time PT caseload of approximately 3-4 patients per day including daily notes, modification of therapeutic exercise or manual therapy interventions, goal settings, and discharge planning.
5. SPT will independently and competently perform both upper and lower quadrant scan exams with appropriate knowledge of myotomes, dermatomes, DTRs, and special tests to determine appropriateness of physical therapy.

#### Final

1. SPT will understand concept of illness scripts in the subjective history and objective testing to determine probable hypotheses for simple peripheral and spinal conditions (ie. Plantar fasciitis, patellofemoral dysfunction, lateral epicondylalgia, inflammation, grade II ankle sprain, lumbar disc herniation, etc).
2. SPT will independently complete initial evaluations and arrive at an appropriate physical therapy diagnosis on simple outpatient orthopedic peripheral and spinal conditions (mechanical LBP, disc herniation, stenosis) with 25% CI assistance and complex patients with 50-75% CI assistance by final.
3. SPT will independently manage at least 50% full-time caseload of approximately 6-8 patient per day including daily notes, Medicare POC, progress notes, goal settings, modification of manual therapy or therapeutic exercise, and discharge planning.

4. SPT will appropriately select/perform reasonable tests/measures and select/interpret special tests for patients with simple orthopedic conditions involving the peripheral joints and spine independently with at least 80% consistency by final.
5. SPT will document a full patient evaluation including subjective history, examination/evaluation, physical therapy diagnosis, and goals on patients with simple peripheral joint or spinal involvement with minimal cues from CI by final.

### **Third Year SPT Objectives**

#### **Midterm**

1. SPT will demonstrate solid understanding of contraindications, precautions, and indications for outpatient PT interventions including but not limited to: manual therapy, therapeutic exercise, and modalities.
2. SPT will independently complete initial evaluations and arrive at an appropriate physical therapy diagnosis for outpatient orthopedic patients with simple peripheral joint, spine, and neuromuscular conditions with at least 80% consistency within 30minutes.
3. SPT will independently manage at least 50% full-time physical therapy caseload of approximately 6-8 patients per day including daily notes, progress notes, goal settings, modification of manual therapy or therapeutic exercise, and discharge planning.
4. SPT will understand concept of illness scripts in the subjective history and objective testing to determine probable hypotheses for simple peripheral and spinal conditions (ie. Plantar fasciitis, patellofemoral dysfunction, lateral epicondylalgia, inflammation, grade II ankle sprain, lumbar disc herniation with and without radiculopathy, etc).

#### **Final**

1. SPT will be competent and safe with advanced screening procedures to determine appropriateness of physical therapy for patients presenting with symptoms of but not limited to: upper cervical instability, VBI, headaches, dizziness, myelopathy, cauda equina syndrome.
2. SPT will independently complete initial evaluations and arrive at an appropriate physical therapy diagnosis for outpatient orthopedic patients with simple and complicated peripheral joint, spine, MVA, or neuromuscular conditions with at least 80% consistency within 60 minutes.
3. SPT will independently manage a 100% full-time physical therapy caseload of approximately 12-16 patients per day including daily notes, Medicare POC, progress notes, goal settings, modification of manual therapy or therapeutic exercise, and discharge planning.
4. SPT will understand concept of illness scripts in the subjective history and objective testing to determine probable hypotheses for complex peripheral and/or spinal conditions (ie. Lumbar instability, VBI, fracture, cauda equina, spinal stenosis, etc).

### **SPT Assistant Objectives**

1. SPT assistant will demonstrate solid understanding of contraindications and precautions for outpatient PT interventions including but not limited to: manual therapy, therapeutic exercise, modalities and demonstrate no red flags with CPI #1-5.
2. SPT assistant will be independent in chart review, preparation of treatment, and appropriate positioning/draping in a timely manner.
3. SPT assistant will demonstrate competency in performing components of data collection to include but not limited to; aerobic capacity, proper use of assistive device, gait, posture, joint integrity, muscle performance, ROM, pain, and community/work reintegration.
4. SPT assistant will independently treat at least 25% full time PT caseload of approximately 3-4 patients with basic cases per day including daily notes, instruction/supervision of therapeutic exercise, and performance of peripheral manual therapy interventions by midterm. (Second and/or third rotations only).
5. SPT assistant will independently treat at least 50% full time PT caseload of approximately 6-8 patients with basic cases per day including daily notes, instruction/supervision of therapeutic

exercise, and performance of peripheral manual therapy interventions by final. (Second and/or third clinical rotations only).

### **Clinical Education Models**

At PTC we are dedicated to improving your ability to work with patients and achieve good patient outcomes. This starts with learning how to communicate and how to take a good patient history. To succeed as a physical therapist, the first thing you have to be able to do is communicate with your patient. Model one – the medical interview will assist you in conducting a good interview with your patients.

The other models will continue to guide you in your marketing, patient evaluations and treatment skills. The modules will either be in an adobe presenter file or written format once you get to the clinic.

1. Medical Interview – The 4 Habits Model
2. Customer Service
3. Lower Quarter Screening
4. Upper Quarter Screening
5. Clinical Reasoning

### **Adult Learning / Domains of Learning -**

Learning occurs in three primary “domains.” If you understand the domains it will help you and your CI communicate on your area of emphasis during your clinical rotation.

- If the intent of the objective is knowledge and understanding of subject matter, it falls into the cognitive domain. Examples are reading and studying.
- If the intent of the objective is physical action or motor skill, it is in the psychomotor domain.
- If the intent of the objective deals with feelings and attitudes, it falls into the affective domain.

The purpose of dividing learning into domains is to make it easier to identify the different aspects of the learning process. Each domain is divided hierarchically into a series of progressive stages. Each stage is further defined by a list of verbs describing what a student should be able to do in order to have mastered that stage.

During the first week, we will determine your stage of learning in the clinic. Review the following stages of learning, determine where you are and discuss it with your CI. It will help you both get off to a good start and progress through the learning stages.

### **Stages of Learning**

- I) Exposure: Student is a novice; dependent on CI. The CI will give constant and continues feedback to the student as well as model behavior and psychomotor skills for the students.
  - a) CI is required to:
    - i) Set expectations for student
    - ii) Plan learning activities
    - iii) Perform and demonstrate skills
    - iv) Elicit student feedback thought questioning
    - v) Give feedback about ability to answer questions

The clinical instructor will ask questions not to intimidate you, but to stimulate your thought process. If you don't know the answer, just say I will look that up and tell you tomorrow.

- b) Student is required to:
  - i) Answer questions
  - ii) Make clinical decisions
  - iii) Review missed questions on their own time
  - iv) Ask questions and observe the CI – watch what they are doing with the patients

Once you have reviewed the missed question, always go back to your CI with the information once you have reviewed the material. It is your responsibility to follow up with your CI.

- II) **Acquisition:** Student can participate in planning and evaluating his or her learning experience. The student will require supervision on complex tasks but will be able to complete routine tasks independently.

- a) CI is required to:
  - i) Give student options in selecting portion of learning experience
  - ii) Give student specific guidelines
  - iii) Give feedback on work, as well as ability to self-assess

- b) Student is required to:
  - i) Perform skill
  - ii) Self-evaluate – each day at the end sit down and review what you did well and what you want to improve upon.
  - iii) Review skills performed (techniques) and practice with CI – schedule a weekly time for 15-20 minutes of practice.

- III) **Integration:** Student can now take responsibility for planning, implementing and evaluating the learning experience. CI and student work together. The student is at entry level performance as a new physical therapist.

- a) CI is required to:
  - i) act as a consultant and mentor
  - ii) provide feedback on skill, ability to self-assess, and student's ability to integrate feedback from other sources

- b) Student is required to:
  - i) Perform skill independently
  - ii) Evaluate own work and seek feedback from all appropriate sources
  - iii) Modify treatment as necessary

### **Clinical Instructor Responsibilities**

- Receive a thorough orientation on the first day
- Provide hands-on activities with selected patients
- Supervise the intern according to the level of expertise
- Instruction, guidance, and provide timely constructive feedback
- Make the intern feel comfortable about asking questions and making suggestions
- Feeling valued for suggestions made about patient care
- Will provide experience and work with a wide variety of patients
- Participating in in-services, videotapes and continuing education

Remember that learning is not always easy or comfortable at this stage. We are expecting a lot from you –

- you must be able to bring to the new patient evaluation everything that you have learned
- you must be able to decide in a split second what you are going to do, what will you evaluate, what special tests to use
- then you must make a diagnosis
- put together a treatment plan
- provide hands on techniques
- provide a home exercise program
- educate the patient
- decide how many days a week to see the patient
- assist with scheduling

It is not the CI responsibility to teach you or review your curriculum. If you are weak in a certain area, we expect you to review your books, notes, etc. Then come to your CI to refine your knowledge, ask specific questions and improve your hands on technique.

All of this must be done in an efficient and effective manner. This is not an easy thing to accomplish. But when you leave Physical Therapy Central, you will be able to do this and much more. You will be functioning at or above entry level performance. You will have hands on skills and treatment techniques and will be able to treat patients independently.

## **WORK STANDARDS**

### **Patient Interaction**

At all times during your interaction with patients, it is of the most importance that your communication, both verbal and nonverbal, be positive and supportive. It is imperative that you demonstrate confidence while working with the patients. Throughout your interaction with patients, please take the opportunity to become personally involved in each patient and get to know the patient on both a personal and professional basis. Please be supportive in all comments, as well as concerned and empathetic when needed. Go the extra mile to make the patient feel comfortable and help them to feel successful in whatever task they achieve.

### **Dress Code**

Physical Therapy Central dress code encourages a professional appearance. Please dress accordingly by wearing nice slacks and shirt. You are required to wear a name tag at all times. White lab coats are not required. Friday is casual days and ironed jeans with nice tennis shoes are permitted. T-shirts, shorts and sandals are not permitted.

### **Area of Emphasis**

Our clinic population consists of orthopedic, spinal, and sports medicine patients. You should have a basic understanding of anatomy of the spine, knee, shoulder and ankle. Review common muscles, ligaments, bones, bursae, discs, facet joints, nerves, dermatomes and myotomes. You will also need to review special tests for the knee, shoulder, ankle and spine. Our clinic provides specialized programs in the following areas: manual therapy and spinal dysfunction.

Each CI has a strong emphasis in muscle energy techniques and Cyriax based evaluations that consist of Scan exams and selective tissue tension tests. The orthopedic manual therapy examination consists of a differential diagnosis and a biomechanical evaluation. The material is developed by the North American Institute of Orthopedic Manual Therapy (NAIOMT) and will be reviewed during your internship.

### **Student Intern Hours**

Your clinical hours will mirror your clinical instructor's work hours. The clinic is open from 7:30 a.m. to 7:00 p.m. Every therapist works slightly different hours. On the first day of your internship you will be assigned a CI and give their work hours. Please arrive at 8:00 am the first day of your internship.

### **Surgery Observation**

During your rotation, a surgery observation can be scheduled. Your CI will contact a doctor and plan time in your schedule. Talk with your CI early in the rotation so that a surgery observation can be scheduled.

### **Clinical Skills**

The clinical skills will be discussed and completed during your internship on a weekly basis. During the first week your CI will discuss specific skills that will need to be completed. It is your responsibility to update the needed paperwork and provide it to your CI on a weekly basis.

### **Lunch**

You may bring your lunch or go out. The department has a refrigerator, microwave, toaster and oven that you may use. There are many fast food restaurants that are close by.

### **In-service**

Student in-services will be schedule from 12:00 to 1:00 during the staff meeting. You will be asked to present one in-service for the physical therapy staff members. The subject matter and date will be decided upon by you and your CI. You will be expected to comply with your University's requirements for this presentation. If there is not an in-service scheduled, you may use the time for doing your paperwork or watching the educational videos.

### **Location / Parking**

Physical Therapy Central has nine locations; Davis, Elk City, Norman, Newcastle, Pauls Valley, Oklahoma City, Choctaw, Chickasha and Stillwater. During your internship you will work at only one location. This will be coordinated prior to your start date. See our web page for driving directions and maps. [www.ptcentral.org](http://www.ptcentral.org)

### **Absenteeism**

If you are ill or must miss a day of work, please notify your clinical instructor as soon as possible. You may call them at home or at work. It will be left up to your clinical instructor's discretion if the time will need to be made up. Give your CI your cell phone number, if the daily schedule changes then they can call you.

### **Health Requirements**

Proof of yearly TB, MMR and CPR certification are required and must be submitted to your clinical instructor. It is the student's responsibility to provide documentation of the immunizations and current CPR card.

### **Orientation**

Your first day at the clinic will be spent observing your clinical instructor, touring the facility, meeting the staff. During your first day you will shadow your CI. At the end of the first week you will have completed the orientation check list included in this manual.

## Health Club

There is a nearby health club that will allow you to pay by the month and use the facility. It is fully stocked with cardiovascular and weight equipment. See the web page listed at the end of this manual.

## EMERGENCY PROCEDURES

All injuries or medical emergencies will be handled in an appropriate and immediate manner. The physical therapist is responsible for preventing further injury or progression of the condition until further medical assistance arrives, initiating appropriate first aid procedures, and contacting appropriate first aid procedures, and contacting 911 emergency services. In the event of an injury/accident, or suspected life threatening cardiac or pulmonary medical emergency in the clinic, the first course of action is to protect the patient from further injury and initiate the appropriate first aid procedure. If necessary, CPR should be initiated. If the nature of the emergency is severe and medical emergency service is required, the emergency 911 system should be activated immediately. If an ambulance is necessary, provide the name of Physical Therapy Central, the address, telephone number, and the nature of the medical emergency. The patient status should be monitored until appropriately trained individuals arrive on the scene. If the emergency is significant in nature, the area should be cleared from observers. Once the assessment and treatment has been initiated the patient's family and referring physician will be notified as soon as possible.

In the event that a patient in the clinic becomes ill or in need of medical evaluation for a non-life threatening condition, the physical therapist will make arrangements for appropriate transfer from the clinic to the office of Dr. Steven Cox, D.O. (this is for the Norman clinic, talk to your CI for your local doctor)..

Dr. Steven Cox, D.O.  
905 24th Ave. N.W., Suite B  
Norman, OK 73069  
(405) 292-3060

In the event that Dr. Cox is not available, the patient should be transferred to the

Norman Minor Emergency Clinic located at:  
800 24th Ave. N.W.  
Norman, OK 73069  
(405) 321-7100

The family member or friend whose name appears on the patient history form will then be contacted.

Documentation of any medical emergency will be completed by the physical therapist within a 6-hour period. The incident form utilized by the clinic will be completed and a letter will then be sent to the referring physician with the originals kept as medical records in the patient's chart. A follow-up call will be made by the physical therapist to the patient within 23 hours after the emergency.

## **CODE RED**

**PURPOSE:** To provide a plan of action that ensures patient and personnel safety in the Physical Therapy clinic in the event that a fire may occur and require the relocation of staff, patients, and visitors.

**POLICY:** The clinic personnel will know and respond calmly and appropriately to the "Code Red" notification and follow the guidelines closely.

### **PROCEDURE:**

1. Dial 911, identify yourself to the dispatcher and state that there is a fire. Give the exact location of the building and the fire.
2. Notify the Physical Therapists.
3. Announce verbally and loudly "Code Red".
4. Remove all patients from the clinic to the parking lot.
5. If possible, attempt to contain the fire or extinguish the fire.
6. Close all doors in the area surrounding the area and the department.
7. Check all bathrooms, treatment room, offices, etc. to be certain no one remains in the building in the event of evacuation.

## **Patient Information**

The following information is provided to assist you with completing an effective and efficient initial evaluation of the patient. Review the information below and use it when completing the history of the patient.

The patient interview is one of the most important elements of the clinical exam. The interview establishes a relationship with the patient and gives you information to create your hypothesis(es). When seeking information during the interview try to stay on track with a given hypothesis. For example if you think there is a lumbar disc herniation present continue to ask questions specific to a disc herniation. The following are key components that are essential to obtain and analyze prior to the objective testing.

### **Patient Profile**

- Age – aids in detecting predisposing factors.
- Past medical history – contraindications/precautions, past/current treatment and effectiveness, need for medical referral, aids in determining prognosis.
- Occupation – identifies level of functional status the patient needs to achieve.
- Medical tests/imaging/medication – helps confirm diagnosis and rule out serious pathology.
  - Review imaging report after your clinical exam to reduce bias.

### **Quality of Pain**

- Local – point specific, usually easy to describe and locate, area is over the cause.
- Referred – larger anatomical area and more difficulty to describe vs local pain.
- Somatic (non-neurological) – sharp, dull, shooting, stabbing, aching, etc
- Neurological
  - Radicular or lancinating – electrical shock, quick on/off duration.
  - Causalgic - dry, burning, itching.

### **Characteristics of Pain**

- Constant – the patient or treatment cannot change the level of pain, suggest inflammation.
- Continuous – the pain is always present but changes.

- Intermittent – there are times where the patient does not have pain, suggest the pain is mechanical in nature.
- Episodic? Reoccurring?
- Staying the same, getting better, getting worse?
- Is the pain associated with any other symptoms?

#### Severity of Pain

- How bad is the pain limiting your function?
- What are you unable to do?
- VAS

#### Irritability of Pain

- How easy is your pain aggravated? – duration, activity, etc.
- How easy is your pain alleviated? – duration, activity, position, etc.

#### Onset of Pain

- Trauma vs no trauma – if trauma involved need to evaluate from least to most provocative.
- Immediate vs delayed – differentiates between direct tissue injury vs inflammation.
- When did it occur? – determines stage of healing.
- Position of trauma?
- Did you hear a pop?
- Recent change in activity or working environment? – cause vs trigger.

#### Aggravating and Alleviating factors

- General and specific, flexion and sitting respectively.

You can use the following acronym's to help you with the patient interview.

#### **LOCIDAA**

Location  
Onset  
Characteristics  
Intensity  
Duration  
Aggravating  
Alleviating

#### **SIN**

Severity  
Irritability  
Nature

You should make the patient feel relaxed and comfortable during the interview. Introduce yourself, ask them if they are comfortable (sit, stand, or lie down) and tell them that you have a few questions. Tell the patient that you want to use this time to get to know them better and find out why they are here. The patient interview should last approximately 10 –15 minutes. If the patient rambles, politely interrupt them and guide the interview. If they offer little response, ask more questions. Before you step out of the room ask them if you have anything else that they want to tell you. At the end of the interview tell them that you are going to step out to go present the information to your clinical instructor.

At this point, you should have a good idea about your diagnosis and special tests to use to rule in or rule out a condition. Yes, just from the subjective you should know what you are going to rule in and rule out. Remember to direct your tests for a given hypothesis. If the objective tests are not fitting the subjective information you may need to reconsider your initial hypothesis. Present the information to your CI and then say your primary diagnosis and what you will rule out (do this early in the exam).

It is essential that you begin using your clinical reason skills and put your book knowledge to work. You will be uncomfortable at first, but you will gain confidence with practice.

The objective part of the examination should take another 10-15 minutes. This will include:

**Scan Exam**

- Systems Review
- Observation
- Selective Tissue Tension Tests (STTT)
  - AROM->PROM->Overpressure
- Palpation
- Strength Test
- Neurological Tests
  - Sensation, DTR, Upper Motor Neuron Tests, Neural Tension
- Special Tests
- Gait

**Screening Tests**

- STTT for peripheral joints, Apley's scratch test, FABER test etc.

**Biomechanical Evaluation**

You may bring you own evaluation forms or use one from our clinic.

## INITIAL EVALUATION

Patient:

Date:

Patient #:

Diagnosis:

Doctor:

Information Acquired from the Referral/ Patient: (LOCIDAA)

X-Ray:

MRI:

PMH:

Medications:

Patient's Desired Outcomes:

Physical Exam

Observation:

Gait:

Posture:

Palpation:

ROM:

Strength:

Measurements:

Balance:

Neurological:

Special Tests:

Problem List:

Treatment:

Patient's Response to Treatment:

Prognosis:

Assessment:

Goals:

Plan:

**Use this form when writing out the initial evaluation of the patient. There will be a template on the computer for you to use to type your initial evaluations.**

## Treatment Planning

This will be the hardest part, because you have had little experience in this area of patient care. First decide what manual techniques you will use (myofascial release, muscle energy, direct, etc...). Next decide what modalities you will use and then finally write down the appropriate exercise and provide a home exercise program.

Your CI will guide you initially and allow for more independence as you gain skill and confidence.

Your CI will ask you to hand write the note and you will review the note with them the next day.

## Abbreviations

The following is a list of abbreviations will be used in the patient charts:

Single/Double knee to chest	SKC/DKC
Straight leg raise	SLR
Quad set	QS
Short/Long arc quad	SAQ/LAQ
Hamstring	HS
Flexion	FLEX
Extension	EXT
Rotation	ROT
Both/bilateral	B
Rotator cuff	RC
External/Internal rotation	ER/IR
Piriformis	PIR
Quadratus lumborum	QL
Flexor hallucus longus	FHL
Tensor fascia lata	TFL
Passive range of motion	PROM
Active range of motion	AROM
Racquetball	RB
Cervical and thoracic	C-T
Thoracic and Lumbar	T-L
Joint mobilization (Therapist ONLY)	Jt. Mob
Manual traction (Therapist ONLY)	Man Tx
Myofascial release (Therapist ONLY)	MFR
Interferential current	IFC
Nuero-muscular stimulation	NMS
Iontophoresis	IONTO
Cervical traction	SCTX
Eccentric abdominals	ECC ABS
Concentric abdominals	CON ABS
Sitting on ball	SOB
Eccentric quads	ECC QUADS
Ultrasound	US
Supraspinatus	SUP
Infraspinatus	INF
Whirlpool	WP
Vibration	VIB
Left/Right	L/R
Single leg	SL
Side lying	S/L
Recumbent	REC
Elliptical rider	ELLIP

Biomechanical ankle platform system	BAPS
Vertical row	VERT ROW
Lower trapezius	LOW TRAP
Treadmill	TM
Abduction	ABD
Adduction	ADD
Posterior pelvic tilt	PPT
Total gym	TG
Phonophoresis	PHONO
Cold pack	CP

You can use the following links to find out more about Norman Oklahoma:

Newspaper: [www.normantranscript.com](http://www.normantranscript.com)

University of Oklahoma: [www.ou.edu](http://www.ou.edu)

Physical Therapy Central: [www.ptcentral.org](http://www.ptcentral.org)

Oklahoma City Chamber of Commerce: [www.okcchamber.com](http://www.okcchamber.com)

News: [www.newsok.com](http://www.newsok.com)

Health Club: [www.normanregional.com/healthclub.html](http://www.normanregional.com/healthclub.html)

You are going to have a great time. We look forward to working with you. If you have any questions please don't hesitate to call or email me. 405-579-1600. The web site will give you pictures of the clinic, address and therapists biographies.

Best Regards,

Physical Therapy Central