

ACHIEVING  
**POSITIVE OUTCOMES**  
BY UNDERSTANDING  
TISSUE HEALING AND  
BIOPSYCHOCIAL  
IMPACT

**BRIAN FREUND**  
DPT, CSMT, TPS

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DPT, CSMT, TPS

- Rockhurst University 1999
- Outpatient orthopedics 20+ years
- National Speaker on topics of orthopedics/pain 15+ years
- Therapist/Partner @ Axes Physical Therapy

**axes**  
PHYSICAL THERAPY

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**AGENDA**

- **UNDERSTANDING THE WHY**
  1. Environment Matters
  2. Biopsychosocial Impacts
  3. Key Stakeholders
- **UNDERSTANDING THE HOW**

Enhancing trust/therapeutic alliance in workers compensation

  1. What is wrong with me?
  2. What is my prognosis?
  3. What can you (therapist) do for me?
  4. What can I (patient) do for myself?
- **UNDERSTANDING THE WHAT**

What do patients want to know?

**Tissue Healing + Biopsychosocial Impact = Positive Outcomes**

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**WHY?**

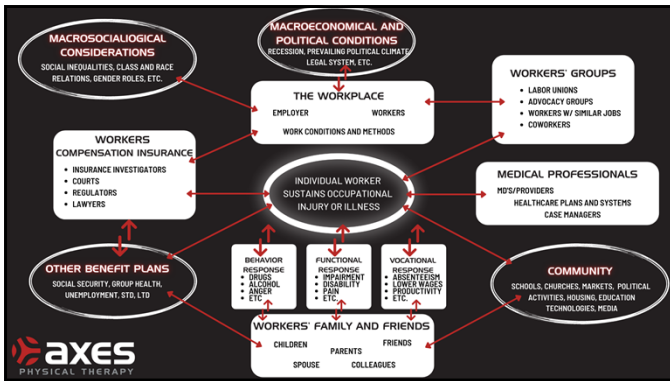
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**ENVIRONMENT MATTERS**

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**WORK ENVIRONMENT**

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## WORK INJURIES

HOW ABOUT WORK INJURIES?

- LACK OF CONTROL
- LACK OF DECISION MAKING
- LACK OF UNDERSTANDING
- FEAR AND ANXIETY OF THE UNKNOWN
- LACK OF TRUST - THERAPEUTIC ALLIANCE

OUTCOME → STRESS/PAIN/POTENTIAL FOR POOR OUTCOME

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## UNKNOWN = STRESS

Most fears are based in the fear of the unknown. This could effect compliance with treatment, attitude and desire to return to work if constantly ruminating on the unknown.

HOW IS THE PATIENT PROCESSING INJURY?

Could be misinterpreted as "RESISTANCE" if operating off assumptions or perceptions that are not true.

What is influencing their experience? Are there perceived threats? Most importantly, acknowledge and affirm their current experience.

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## BIOPSYCHOSOCIAL YELLOW FLAGS

Watson P, Kendall N. Assessing psychosocial yellow flags. In: Gifford LS, ed. Topical Issues in Pain 2. Falmouth: CNS Press; 2000.

Kendall NAS, Linton SJ, Main CJ. Guide to assessing psychosocial yellow flags in acute low back pain: risk factors for long term disability and work loss. Wellington: Accident Rehabilitation & Compensation Insurance Corporation of New Zealand and the National Health Committee; 1997.

Grotte M, Vollestad NK, Brox JI. Screening for yellow flags in first-time acute low back pain: reliability and validity of a Norwegian version of the Acute Low Back Pain Screening Questionnaire. The Clinical Journal of pain. Jun 2006;22(5):458-467

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## BIOPSYCHOSOCIAL YELLOW FLAGS





- Manual work
- Work history
- Belief that work is harmful
- Unhappy at work
- Low educational background
- Working shifts
- Negative previous experiences at work with LBP



Kendall NAS, Linton SJ, Main CJ. Guide to assessing psychosocial yellow flags in acute low back pain: risk factors for long term disability and work loss. Wellington: Accident Rehabilitation & Compensation Insurance Corporation of New Zealand and the National Health Committee; 1997.

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## BIOPSYCHOSOCIAL YELLOW FLAGS

**COMPENSATION**

- LACK OF FINANCIAL INCENTIVE TO RETURN TO WORK 
- EXTENDED TIME OFF WORK 
- NUMBER OF CLAIMS 
- PREVIOUS HISTORY OF LBP 

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## KEY STAKEHOLDERS

1. Patient
2. Employer
3. Medical Provider
4. PT/OT
5. Nurse Case Manager
6. Adjuster
7. Attorney



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# WHAT?

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## PATIENT CENTERED


THE LOUIS GIFFORD APPROACH

THE PATIENT WANTS TO KNOW...

1. WHAT IS WRONG WITH ME?
2. HOW LONG WILL IT TAKE?
3. WHAT CAN I (THE PATIENT) DO FOR IT?
4. WHAT CAN YOU (THE CLINICIAN) DO FOR IT?
5. HOW MUCH WILL IT COST? (we added this one)

"POSITIVE REASSURANCE IS A BLOODY GOOD PAIN KILLER..."

LOUIS GIFFORD



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# HOW?

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## ENHANCING PATIENT TRUST



- Rooted in building therapeutic alliance with each interaction
- Therapeutic alliance can be described as establishing a caring relationship that supports a patient's wellbeing
- Key components include: trust, respect, genuine interest, and empathy
- When a person feels understood, they will naturally establish trust
- Leads to conducive environment and openness to helpful information that fosters successful rehabilitation




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## HINDERING PATIENT TRUST

- ❶ Lack of acknowledging their experience (when frustration exists, openness to helpful information declines)
- ❷ Unhealthy comparison to other patients
- ❸ Unclear about the goal of treatments
- ❹ Encourage the patient to ask questions
- ❺ Lack of treatment continuity
- ❻ Lack of functional, creative treatment



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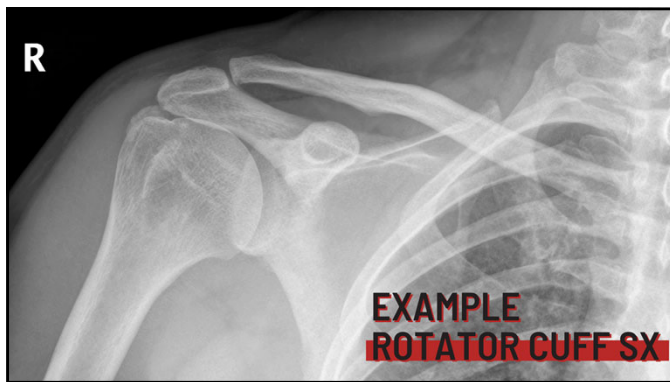
## BUILDING TRUST

"POSITIVE REASSURANCE IS A BLOODY GOOD PAIN KILLER..."  
LOUIS GIFFORD

- Explanation of medical condition and treatment in terms that allow full understanding
- Utilize "Ask, tell, ask" communication style
- Evoke their own strengths
  - Have you overcome injuries in past?
  - How did you do it?
  - What helped?

- ✓ Instill hope and vision of future
- ✓ "What are you excited to get back to as your shoulder gets better?"
- ✓ "Next time I see you, how will I know you're doing better?"
- ✓ Look for and affirm short-term wins


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## "WHAT IS WRONG WITH ME?"


WHEN TALKING TO PATIENTS...



Must be careful to avoid words that harm



Utilize metaphors, stories, and analogies



Education is therapy. Movement is primer.


Has anyone talked to you about the function of the rotator cuff?  
Do you mind if I take a couple of minutes to discuss this with you prior to getting started with therapy?

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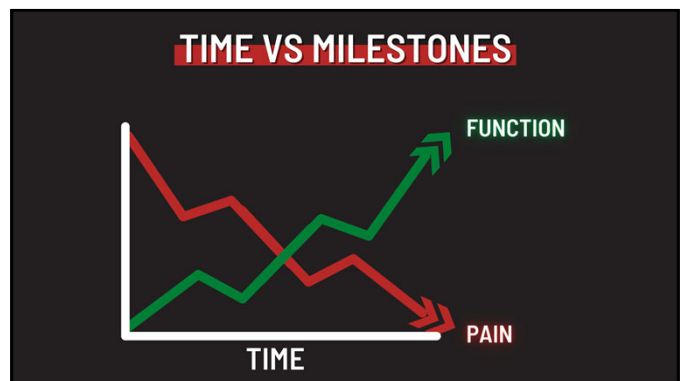
## "WHAT IS MY PROGNOSIS?"

Must clearly understand tissue healing/risk factors

- ❶ Larger tear size
- ❷ Poor tissue quality
- ❸ Older patient age
- ❹ Fatty infiltration and atrophy
- ❺ Smoking
- ❻ Hypercholesterolemia
- ❼ Diabetes



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## "WHAT CAN YOU DO FOR ME?"

### THE THERAPIST ROLE

1. Education
  - a. Tissue healing/Precautions
  - b. What to expect during recovery?
  - c. Graded Exposure
2. Treatment
  - a. Hands-On Care
  - b. Exercise prescription
  - c. Modalities
3. Over time --> Functional Progression

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## "WHAT CAN YOU DO FOR ME?"

### THE THERAPIST ROLE

- 1. **PROTOCOLS**
  - Many rehabilitation protocols describe specific exercise progression based on healing timelines after surgery
  - Many other key variables to consider other than just the passage of time
  - Important for protocols to offer guidelines/flexibility
  - Progression based on when patients reach specific clinical goals or criteria may be more appropriate
- 2. **COMMUNICATION**
  - Communication and collaboration amongst all of the stakeholders must be a top priority.
- 3. **EXERCISE/TREATMENT**
  - Exercise Prescription/Treatment
  - Progression
  - Evidence Based
  - Understand tissue healing
  - Patient comorbidities
  - Avoid cyclic loading
  - Understand EMG activity of supraspinatus during exercises

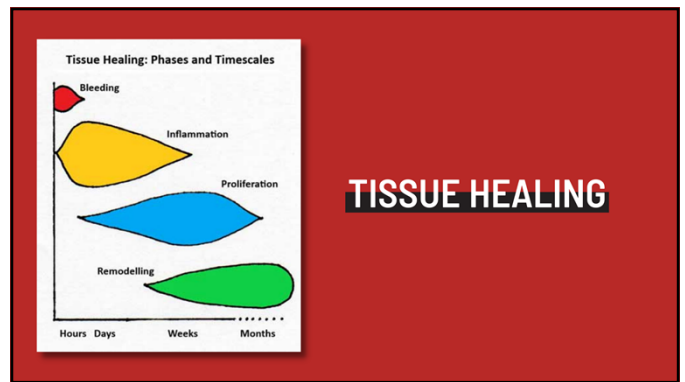
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## "WHAT CAN I DO FOR MYSELF?"

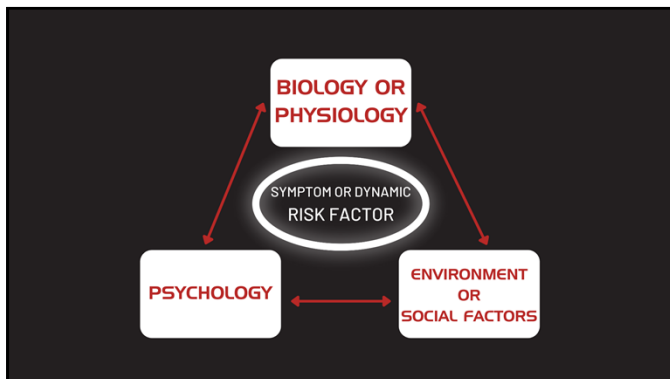
### THE PATIENT ROLE

1. Compliance with restrictions
2. "Patients who exhibit poor compliance with postoperative restrictions in the first 6 weeks show a relative risk of retear or nonhealing that is 152 times higher than that of compliant patients."
3. Journal Shoulder and Elbow Surgery 2016
4. Consistent attendance in therapy
5. Active participation
6. Communication
7. Ask questions

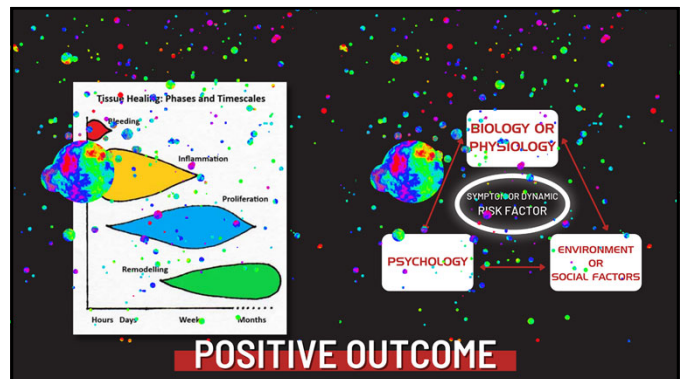
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