Implications of direct access to physical therapy in a global health context

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Implications of direct access to physical therapy in a global health context

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Introduction

125 patients were evaluated and treated by 6 student physical therapists and 2 clinical instructors over 5 days in Zacapa, Guatemala.

Objectives

The purpose of this study was to examine the process of medical screening during physical therapy examinations in rural Guatemala and to describe the prevalence of individuals requiring follow-up medical care in order to highlight the implications of increasing direct access in the physical therapy profession.

Case Presentations

<table>
<thead>
<tr>
<th>Presentation</th>
<th>What the exam revealed</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>63 y.o. woman c/o low back pain</td>
<td>bilateral distal upper and lower extremity numbness - tingling in stocking glove distribution - faint distal pulses *Postprandial blood glucose testing: 6.9 mmol/L [threshold for Type II DM: 7 mmol/L].</td>
<td>Given diabetes and nutrition education and recommendation to follow-up at a regional health clinic.</td>
</tr>
<tr>
<td>38 y.o. woman c/o neck pain</td>
<td>report of acute onset abdominal pain - reticent to lie prone - rebound tenderness in right lower quadrant</td>
<td>Transported to hospital to rule out acute appendicitis.</td>
</tr>
<tr>
<td>26 y.o. woman presenting with hamstring strain</td>
<td>bilateral hand weakness - lower extremity hyperreflexia - positive Hoffman sign - patient report of vomiting blood</td>
<td>Referred for MRI and follow-up with physical therapist to coordinate further care.</td>
</tr>
<tr>
<td>82 y.o. man presenting with generalized pain</td>
<td>generalized pain, HTN, and pitting edema consistent with signs of congestive heart failure</td>
<td>Patient had previously been told that there was no treatment for his symptoms. Physical therapy was structured to avoid exacerbation of the condition.</td>
</tr>
<tr>
<td>22 y.o. woman presenting with dizziness, numbness, and tingling</td>
<td>exam inconsistent with central vestibular pathology</td>
<td>Differential diagnosis expanded to include Arnold-Chiari malformation, Marfan’s Syndrome, or other connective tissue pathology. Patient was encouraged to follow-up with a physician.</td>
</tr>
<tr>
<td>Mid 30’s woman presenting with vertigo</td>
<td>negative for peripheral vestibular pathologies - symptoms brought on by lying supine with neck extension</td>
<td>Suspected Arnold-Chiari malformation, possibly exacerbated by a fall. Referred to the local hospital for further diagnosis.</td>
</tr>
</tbody>
</table>

Results

Six patients (5%) presented with signs and symptoms requiring follow-up medical care or modification of physical therapy intervention when medical follow-up was unavailable.

Conclusion

The role of physical therapists (PTs) in the delivery of health care is expanding. PTs practicing abroad must be prepared for the unique health needs of medically underserved populations. Additionally, as direct access to physical therapy services becomes increasingly common in the United States, clinicians will encounter patients who have not been screened by their primary care doctors for underlying medical conditions. PTs must screen for medical and psychological signs and symptoms to appropriately refer their patients for follow-up care. PTs have the training and skill set to make clinical decisions regarding the appropriate screening and management of patients presenting to PT clinics under direct access.

References