Use of the RPS-Form as a Teaching Aid

Lenerdene Levesque BScPT, MClSc, FCAMPT
Erik Thoomes PT MMT SPT

IFOMPT Teachers' Meeting
Spain 2010

RPS-Form
Rehabilitation Problem Solving Form

Steiner WA, Ryser L, Huber E, Uebelhart D, Aeschlimann A, Stucki G. Use of the ICF model as a clinical problem-solving tool in physical therapy and rehabilitation medicine. *Physical Therapy* 2002;82(11): 1098-1107

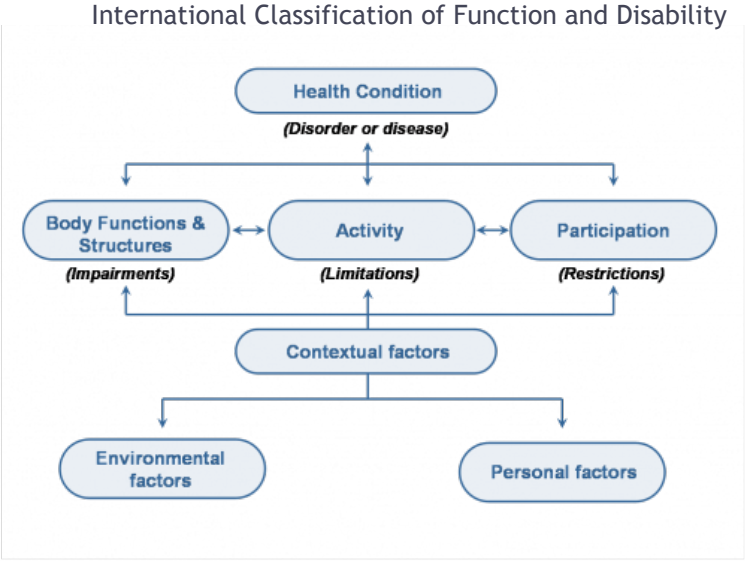
George L. Engel (1913-1999)

Founder of the Biopsychosocial Model

"The need for a new model: A challenge for biomedicine"

ICF Model

International Classification of Function and Disability



World Health Organization 2001

Paradigm shift

Applying a Biopsychosocial Model

- Requires an understanding of the patients' individual perspectives of their disability/pain experience
- Requires more than biomedical knowledge
- About understanding the patient as a person

Jones M. 2008

Primary care clinicians use variable methods to assess acute nonspecific low back pain and usually focus on impairments

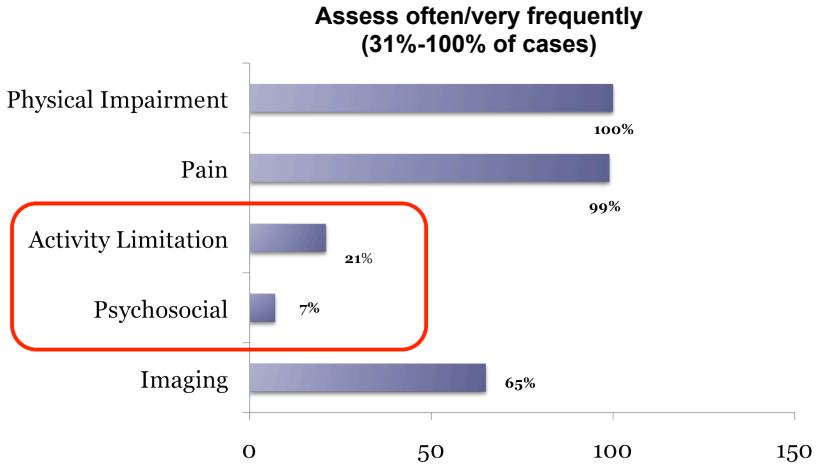
Peter M. Kent [a,b,*], Jennifer L. Keating [c], Nicholas F. Taylor [d] (2009)

MANUAL THERAPY
www.elsevier.com/math

Disability	Don't know test	Very frequently	Often	Sometimes	Never
Oswestry Low Back Pain Questionnaire	☐	☐	☐	☐	☐
Roland-Morris Disability Scale (RM-24 or RM-18)	☐	☐	☐	☐	☐
Quebec Back Pain Disability Scale	☐	☐	☐	☐	☐
Patient Specific Functional Scale	☐	☐	☐	☐	☐
Low-Back Outcome Score	☐	☐	☐	☐	☐
Short Form 12 or 36	☐	☐	☐	☐	☐
Other disability assessments (indicate below)					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

Behavioural assessment	Don't know the test	Very frequently	Often	Sometimes	Never
Waddell's non-organic signs	☐	☐	☐	☐	☐
Modified Core Network LBP questions	☐	☐	☐	☐	☐
Fear-avoidance belief questionnaire	☐	☐	☐	☐	☐
Distress & Risk Assessment Method: (Modified somatic perception questionnaire & Zung depression scale)	☐	☐	☐	☐	☐
Other behavioural assessments (indicate below)					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

Assessment of acute NSLBP across health domains

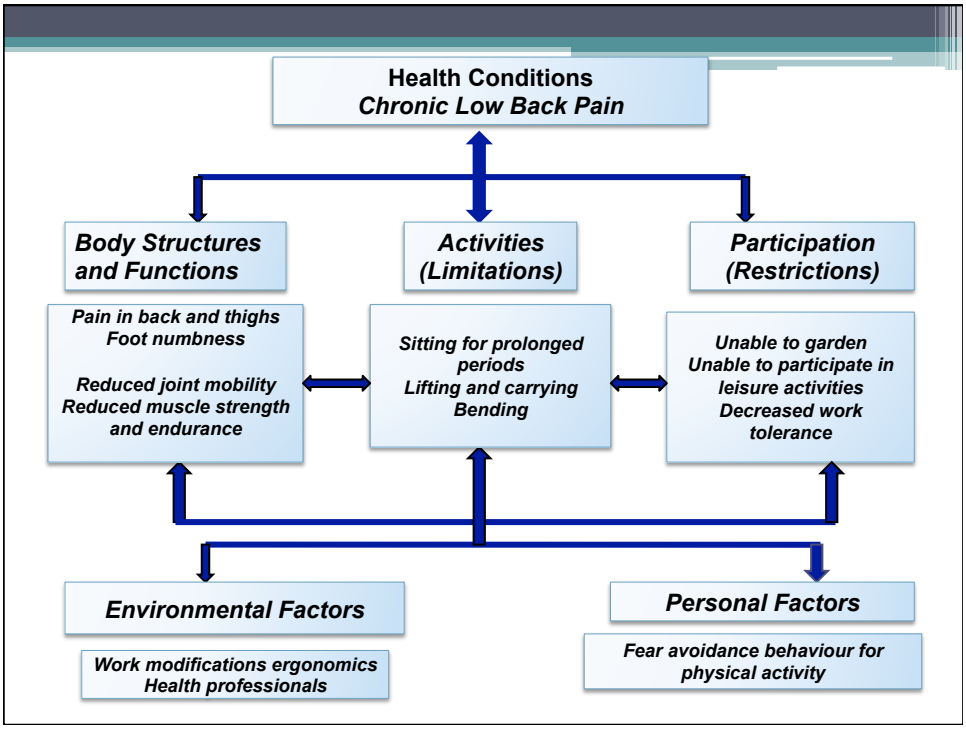


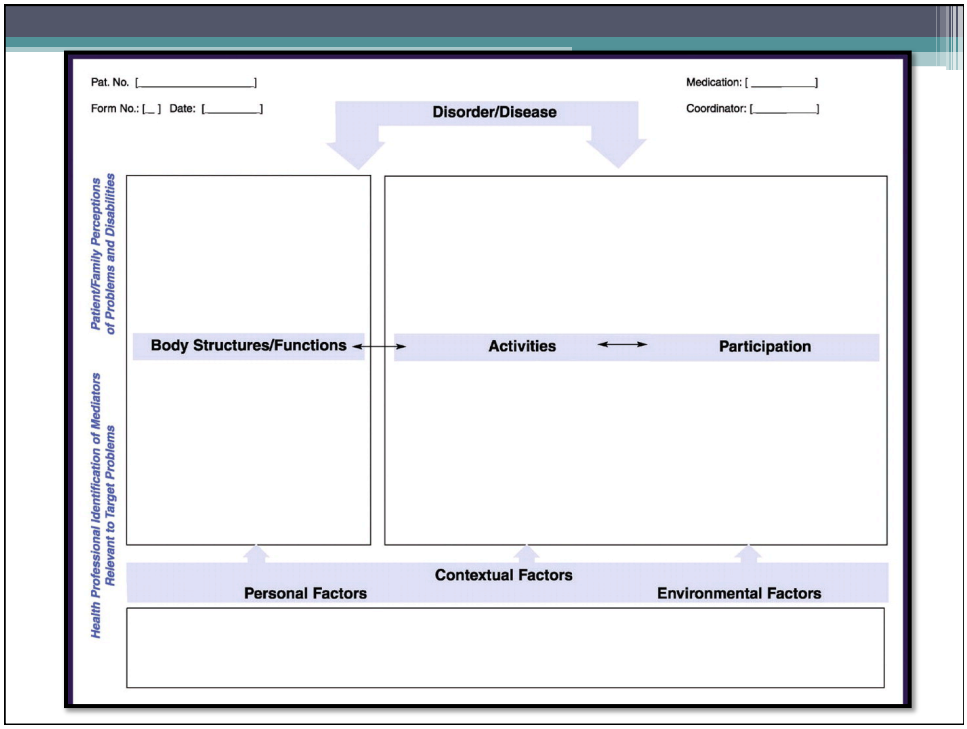
Kent PM, Keating JL, Taylor NF. Primary care clinicians use variable methods to assess acute nonspecific low back pain and usually focus on impairments. *Man Ther.* 2009;14:88-100

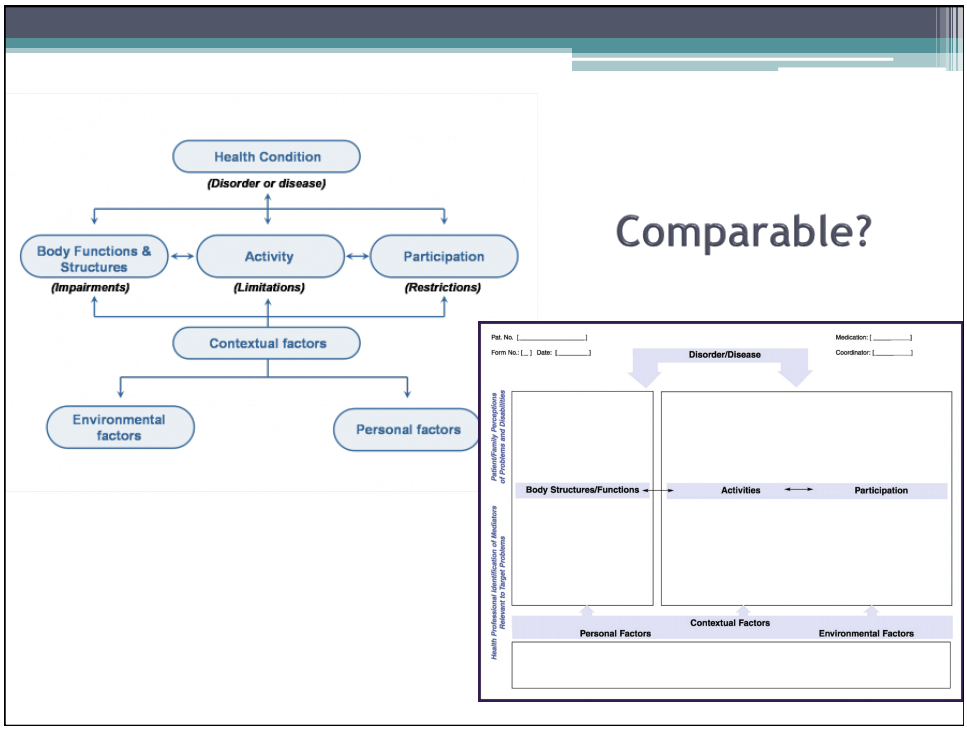
The assessment of activity limitation, psychosocial functioning in acute NSLBP

Proportion of survey respondents who report using these assessment techniques in acute NSLBP	Often/very frequently (31-100%)	At any time (1-100%)
Use of Assessment Techniques of activity limitation		
Patient –Specific Functional Scale	13% (10-16%)	23% (19-27%)
Oswestry Questionnaire	6% (4-8%)	20% (16-24%)
Roland Morris Scale	3% (1-5%)	10% (7-13%)
LB Outcome Score	2% (1-3%)	6% (4-8%)
Quebec Disability Scale	2% (1-3%)	7%(5-9%)
Short Form 12 or 36	1% (0-2%)	4% (2-6%)
Use of assessment techniques of psychosocial function		
Waddell's Non-organic Signs	4% (2-6%)	15%(12-18%)
Fear-avoidance Questionnaire	1% (0-2%)	6% (4-8%)
Distress and Risk Assessment Method	1% (0-2%)	4% (2-6%)

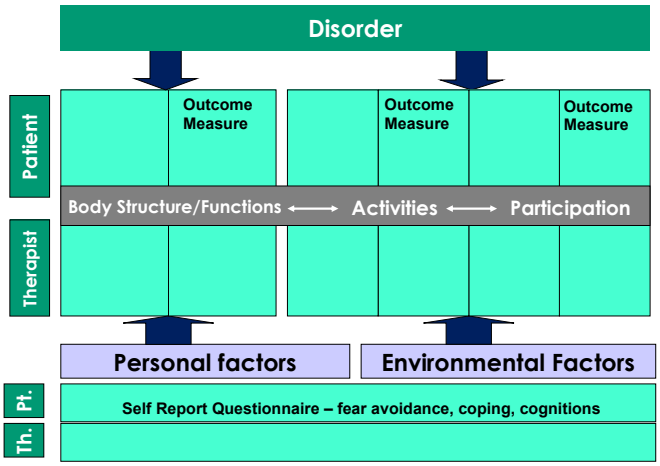
Kent PM, Keating JL, Taylor NF. Primary care clinicians use variable methods to assess acute nonspecific low back pain and usually focus on impairments. *Man Ther.* 2009;14:88-100




Pat. No. [_____]
Form No.: [__] Date: [_____]
Medication: [_____]
Coordinator: [_____]
Disorder/Disease
Patient/Family Perceptions of Problems and Disabilities
Health Professional Identification of Mediators Relevant to Target Problems
Body Structures/Functions
Activities
Participation
Contextual Factors
Personal Factors
Environmental Factors


Health Condition
(Disorder or disease)
Body Functions & Structures
(Impairments)
Activity
(Limitations)
Participation
(Restrictions)
Contextual factors
Environmental factors
Personal factors
Comparable?
Pat. No. [_____]
Form No.: [__] Date: [_____]
Medication: [_____]
Coordinator: [_____]
Disorder/Disease
Patient/Family Perceptions of Problems and Disabilities
Health Professional Identification of Mediators Relevant to Target Problems
Body Structures/Functions
Activities
Participation
Contextual Factors
Personal Factors
Environmental Factors

Modified RPS-Form



Advantages from a Student's Perspective

Advantages:

- Encourages a biopsychosocial perspective and allows the student to identify all factors within the ICF model
- In formulating the objective examination – directs the student to consider the most appropriate objective tests and outcome measures to use
- Highlights the other contextual factors – personal and environmental which may affect prognosis / recovery
- Enables the clinician to identify factors which can be modifiable

Lateral Thinking

- non-linear format may lead to a non-linear thought process
- allows connections to be made between cells or areas which may be more difficult to achieve with the use of traditional charting methods
- single page landscape format is very different from a traditional linear charting method

Lateral Thinking

- Not necessarily sequential or predictable
- Involves restructuring the space
- Generates new ideas, new patterns
- Looking a things in a new way
- Being prepared to explore
- Welcoming outside information as stimulus to new insight

Jones M. 2008

Teaching Strategies

- Video presentation of a subjective examination
- Written case history
- Role playing / simulated case
- Use of more difficult cases allow students to explore the various constructs within the ICF model

Example

Yvonne

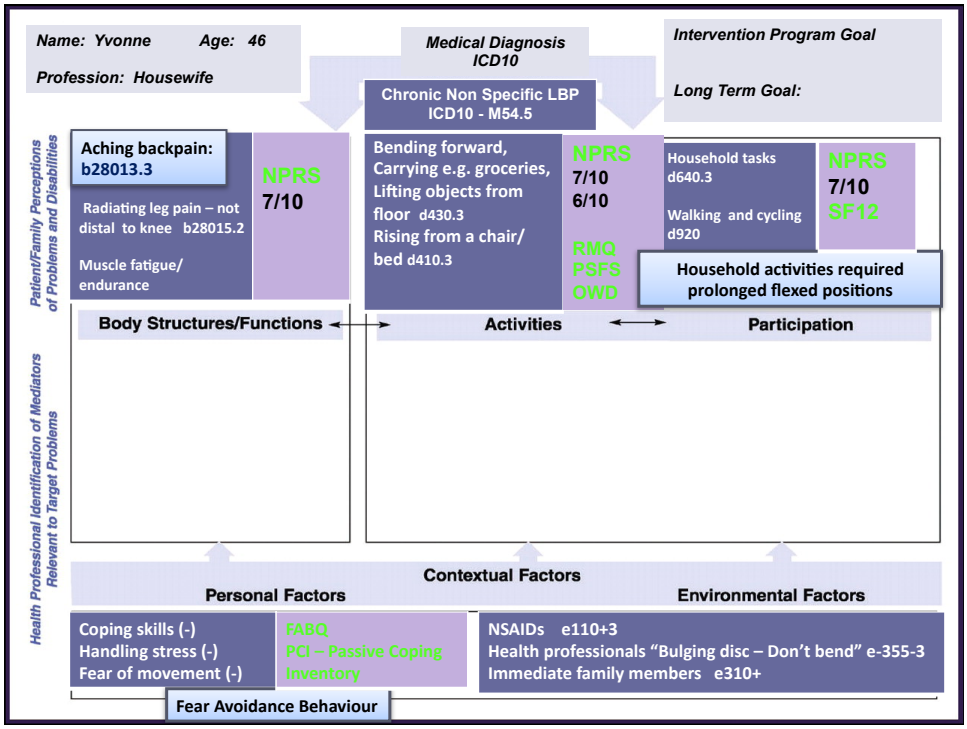
- ♀ 46 yr. old housewife
- LBP >4 years, radiating to left upper leg
- GP referral after previous physiotherapy treatment was unsuccessful in relieving symptoms
  - "Slipped disk; careful not to bend!"
- Recent MRI √
- General Health √
- Likes to walk and cycle 3 times / week
- NSAID's > 5/7 days

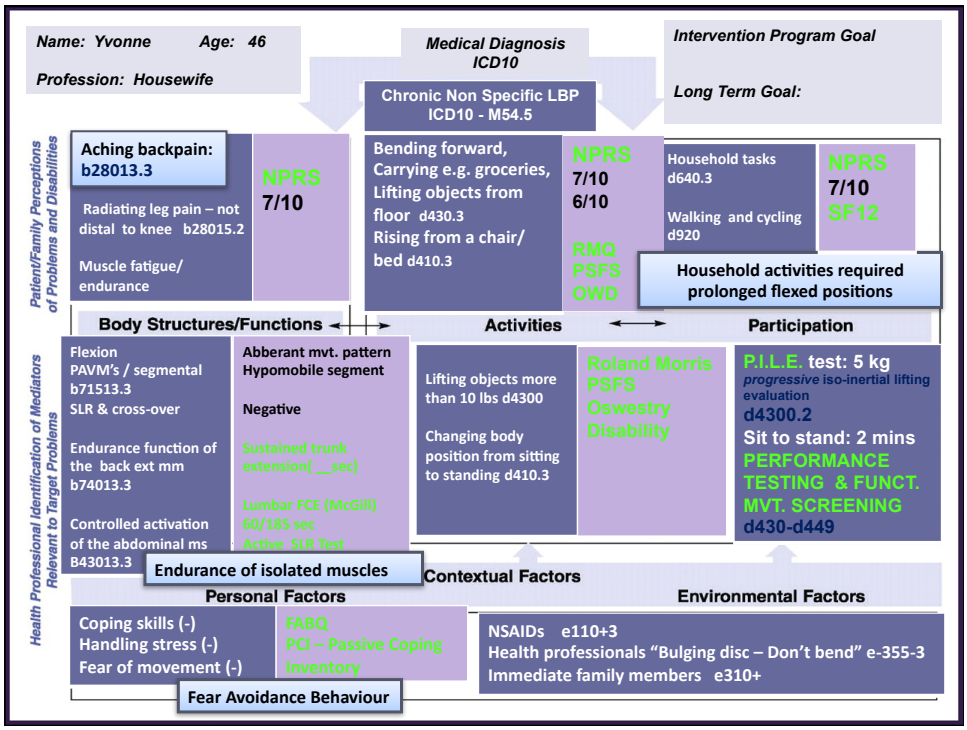
Behaviour of Pain

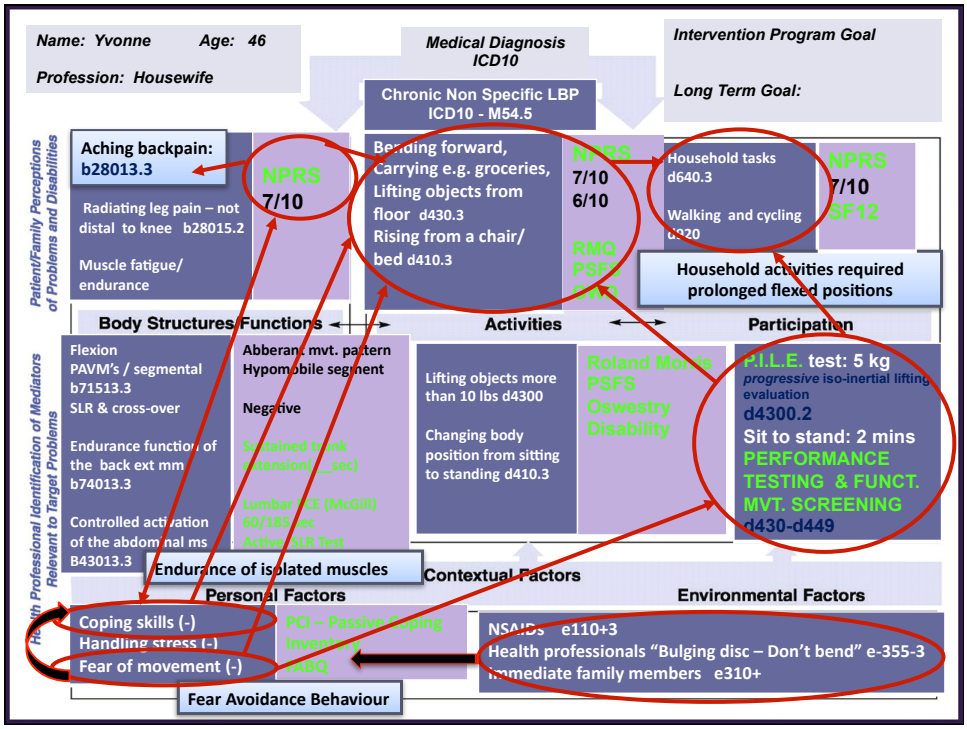
- Aggravating Factors
  - Bending, lifting, carrying (housework)
  - Changing positions
  - Walking or cycling

Behaviour of Pain

- Relieving Factors
  - Massage/rest
  - Avoiding activity for fear of increased pain
  - Change in position
  - NSAIDs


Name: Yvonne Age: 46
Profession: Housewife
Medical Diagnosis ICD10
Chronic Non Specific LBP ICD10 - M54.5
Intervention Program Goal
Long Term Goal:
Patient/Family Perceptions of Problems and Disabilities
Aching backpain: b28013.3
Radiating leg pain – not distal to knee b28015.2
Muscle fatigue/ endurance
NPRS 7/10
Bending forward, Carrying e.g. groceries, Lifting objects from floor d430.3
Rising from a chair/ bed d410.3
NPRS 7/10 6/10
RMQ PSFS OWD
Household tasks d640.3
Walking and cycling d920
NPRS 7/10 SF12
Household activities required prolonged flexed positions
Body Structures/Functions
Activities
Participation
Health Professional Identification of Mediators Relevant to Target Problems
Contextual Factors
Personal Factors
Environmental Factors
Coping skills (-)
Handling stress (-)
Fear of movement (-)
FABQ
PCI – Passive Coping Inventory
NSAIDs e110+3
Health professionals "Bulging disc – Don't bend" e-355-3
Immediate family members e310+
Fear Avoidance Behaviour


Name: Yvonne Age: 46
Profession: Housewife
Medical Diagnosis ICD10
Chronic Non Specific LBP ICD10 - M54.5
Intervention Program Goal
Long Term Goal:
Patient/Family Perceptions of Problems and Disabilities
Aching backpain: b28013.3
Radiating leg pain – not distal to knee b28015.2
Muscle fatigue/ endurance
NPRS 7/10
Bending forward, Carrying e.g. groceries, Lifting objects from floor d430.3
Rising from a chair/ bed d410.3
NPRS 7/10 6/10
RMQ PSFS OWD
Household tasks d640.3
Walking and cycling d920
NPRS 7/10 SF12
Household activities required prolonged flexed positions
Body Structures/Functions
Activities
Participation
Health Professional Identification of Mediators Relevant to Target Problems
Flexion PAVM's / segmental b71513.3
SLR & cross-over
Endurance function of the back ext mm b74013.3
Controlled activation of the abdominal ms B43013.3
Abberant mvt. pattern
Hypomobile segment
Negative
Sustained trunk extension(__sec)
Lumbar FCE (McGill) 60/185 sec
Active SLR Test
Lifting objects more than 10 lbs d4300
Changing body position from sitting to standing d410.3
Roland Morris PSFS Oswestry Disability
P.I.L.E. test: 5 kg
progressive iso-inertial lifting evaluation
d4300.2
Sit to stand: 2 mins
PERFORMANCE TESTING & FUNCT. MVT. SCREENING
d430-d449
Endurance of isolated muscles
Contextual Factors
Personal Factors
Environmental Factors
Coping skills (-)
Handling stress (-)
Fear of movement (-)
FABQ
PCI – Passive Coping Inventory
NSAIDs e110+3
Health professionals "Bulging disc – Don't bend" e-355-3
Immediate family members e310+
Fear Avoidance Behaviour


Name: Yvonne Age: 46
Profession: Housewife
Medical Diagnosis ICD10
Chronic Non Specific LBP ICD10 - M54.5
Intervention Program Goal
Long Term Goal:
Patient/Family Perceptions of Problems and Disabilities
Aching backpain: b28013.3
Radiating leg pain – not distal to knee b28015.2
Muscle fatigue/ endurance
NPRS 7/10
Bending forward, carrying e.g. groceries, Lifting objects from floor d430.3
Rising from a chair/ bed d410.3
NPRS 7/10 6/10
RMQ PSFS
Household tasks d640.3
Walking and cycling d920
NPRS 7/10 SF12
Household activities required prolonged flexed positions
Body Structures Functions
Activities
Participation
Health Professional Identification of Mediators Relevant to Target Problems
Flexion PAVM's / segmental b71513.3
SLR & cross-over
Endurance function of the back ext mm b74013.3
Controlled activation of the abdominal ms B43013.3
Abberant mvt. pattern
Hypomobile segment
Negative
Sustained trunk extension(__sec)
Lumbar ICE (McGill) 60/185 sec
Active SLR Test
Endurance of isolated muscles
Lifting objects more than 10 lbs d4300
Changing body position from sitting to standing d410.3
Roland Morris PSFS Oswestry Disability
P.I.L.E. test: 5 kg progressive iso-inertial lifting evaluation
d4300.2
Sit to stand: 2 mins
PERFORMANCE TESTING & FUNCT. MVT. SCREENING
d430-d449
Contextual Factors
Personal Factors
Environmental Factors
Coping skills (-)
Handling stress (-)
Fear of movement (-)
PCI – Passive Coping Inventory
FABQ
NSAIDs e110+3
Health professionals "Bulging disc – Don't bend" e-355-3
Immediate family members e310+
Fear Avoidance Behaviour


OK Now What???

References:

Steiner WA, Ryser L, Huber E, Uebelhart D, Aeschlimann A, Stucki G. Use of the ICF model as a clinical problem-solving tool in physical therapy and rehabilitation medicine. *Physical Therapy* 2002;82(11):1098-1107

Allan CM, Campbell WN, Guptill CA, Stephenson FF, Cambell KE. A Conceptual model for interprofessional education: The International Classification of Functioning, Disability and Health (ICF). *Journal of Interprofessional Care*. June 2006;20(3):235-245

Kent PM, Keating JL, Taylor NF. Primary care clinicians use variable methods to assess acute nonspecific low back pain and usually focus on impairments. *Man Ther*. 2009;14:88-100

Stier-Jamar M. Cieza A. Borchers M. Stucki G. How to Apply the ICF and ICF Core Sets for Low Back Pain. *Clin J Pain* 2009;25(1):29-38

Rundell SD, Davenport TE, Wagner T. Physical therapist management of acute and chronic low back pain using the World Health Organization's Interna- tional Classification of Functioning, Disability and Health. *Phys Ther*. 2009;89: 82–90.

World Health Organization. International Classification of Functioning, Disability and Health: ICF. Geneva: WHO 2001

Jones M. Clinical Reasoning: Understanding the problem and the person through "Diagnostic" and "Narrative" reasoning. Montreal 2008

Personal communication with Paul Philips MScPT

Lenerdene Levesque
lelevesque@sympatico.ca

Erik Thoomes
erikthoomes@gmail.com

Questions??