Use of the RPS-Form as a Teaching Aid

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RPS-Form
Rehabilitation Problem Solving Form

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

Assessment of acute NSLBP across health domains

Assess often/very frequently
(31%-100% of cases)

Physical Impairment
Pain
Activity Limitation
Psychosocial
Imaging

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;14:85-100
The assessment of activity limitation, psychosocial functioning in acute NSLBP

<table>
<thead>
<tr>
<th>Use of Assessment Techniques of activity limitation</th>
<th>Often/very frequently (11-100%)</th>
<th>At any time (1-100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient –Specific Functional Scale</td>
<td>13% (10-16%)</td>
<td>23% (19-27%)</td>
</tr>
<tr>
<td>Oswestry Questionnaire</td>
<td>6% (4-8%)</td>
<td>20% (16-24%)</td>
</tr>
<tr>
<td>Roland Morris Scale</td>
<td>3% (1-5%)</td>
<td>10% (7-13%)</td>
</tr>
<tr>
<td>LB Outcome Score</td>
<td>2% (1-3%)</td>
<td>6% (4-8%)</td>
</tr>
<tr>
<td>Quebec Disability Scale</td>
<td>2% (1-3%)</td>
<td>7% (5-9%)</td>
</tr>
<tr>
<td>Short Form 12 or 36</td>
<td>1% (0-2%)</td>
<td>4% (2-6%)</td>
</tr>
</tbody>
</table>

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

Health Conditions

**Chronic Low Back Pain**

**Body Structures and Functions**
- Pain in back and thighs
- Foot numbness
- Reduced joint mobility
- Reduced muscle strength and endurance

**Activities (Limitations)**
- Sitting for prolonged periods
- Lifting and carrying
- Bending

**Participation (Restrictions)**
- Unable to garden
- Unable to participate in leisure activities
- Decreased work tolerance

**Environmental Factors**
- Work modifications
- Ergonomics

**Personal Factors**
- Fear avoidance behaviour for physical activity
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 at 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

• 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:
Household activities required prolonged flexed positions

Body Structures/Functions
Aching backpain: b2801.3
Radiating leg pain – not distal to knee b28015.2
Muscle fatigue/ endurance

Contextual Factors
Activities
NPRS 7/10
Bending forward, Carrying e.g. groceries, Lifting objects from floor d430.3 Rising from a chair/ bed d410.3

Environmental Factors
NPRS 7/10
Household tasks d640.3
Walking and cycling d920

Contextual Factors
NPR\(\) Psfs Owid
RMQ

Contextual Factors
NPR\(\) Psfs Owid
RMQ

Environmental Factors
NPR\(\) Psfs Owid
RMQ

Contextual Factors
NPR\(\) Psfs Owid
RMQ

Environmental Factors
NPR\(\) Psfs Owid
RMQ

Human Factors
Coping skills (-) Handling stress (-) Fear of movement (-) FABQ
Fear of movement (FABQ)

Further Evaluation
Roland Morris
PSFS
Oswestry Disability

Further Evaluation
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PSFS
Oswestry Disability

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References:


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


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

Personal communication with Paul Philips MScPT

Questions??

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