



Shoulder Case Study

A Biopsychosocial Perspective


John M. Woolf, MS, PT, ATC, COMT, PhD (cand.)

www.patientsuccesssystems.com
jwoolf@patientsuccesssystems.com

1

Facilitator




JOHN WOOLF, PT, MS, ATC, COMT, PhD(candidate)
CEO, Patient Success Systems – Training and Consulting

John Woolf is the former owner of ProActive Physical Therapy in Tucson, Arizona. He also serves as a Member of the Clinical Advisory Group at Clinicient, Inc. He is the former co-director of the International Academy of Orthopedic Medicine-US and was Director of Sports Medicine for The University of Arizona, where he coordinated rehabilitation and medical coverage for Division I athletes.

He belongs to the American Physical Therapy Association and the National Athletic Trainers' Association and has lectured in the University of Arizona's Sports Medicine Fellowship Program and continues to lecture nationally on how to implement a model of Relationship Centered Care— into health care organizations. A graduate of the Northern Arizona University College of Physical Therapy, John has a masters degree in Exercise and Sports Science from the University of Arizona and pursuing a PhD in Performance Psychology.


johnw@patientsuccesssystems.com
@JuanLoboPT or www.patientsuccesssystems.com



2

What you will learn



- An evidence-based perspective of the biopsychosocial aspects of a case study.
- A framework upon which to build a therapeutic alliance with your patients.
- Build a foundation from which to enhance communication and relationship skills for a better experience and better outcomes.



3

Timeline

- 5-minute introduction
- 45 minutes of biopsychosocial foundation
- 10-minute break
- 45 minutes biopsychosocial related to this case
- 10 minutes summary and questions





4

Today's Approach


- Excerpts from Patient Success Systems courses
 - Strategic Communications as a Clinical Tool
 - The Science and Application of Patient Engagement for Better Outcomes
- Reflection on recent evidence
- Perspectives based on experience

- A Biopsychosocial Application of each case in the series

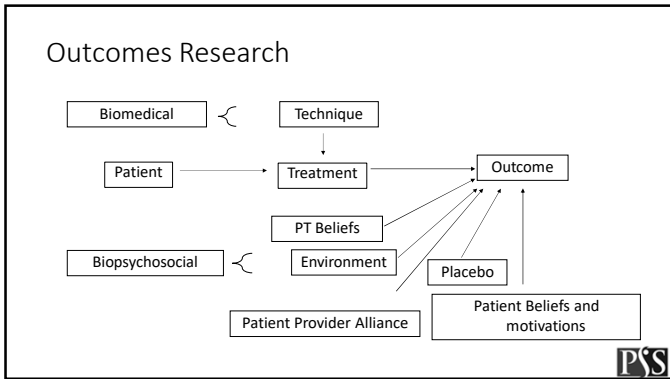


5

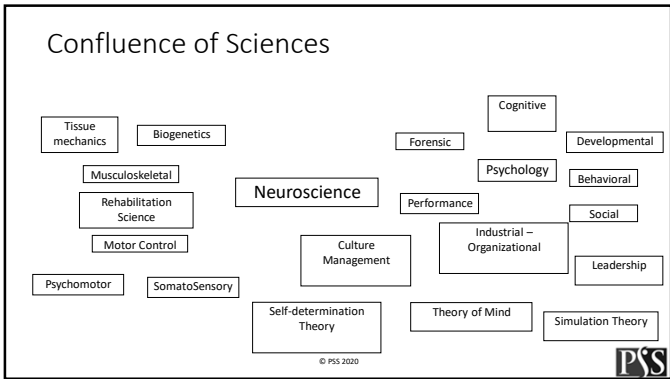
Main, C. J., & George, S. Z. (2011). Psychologically Informed Practice for Management of Low Back Pain: Future Directions in Practice and Research. *Physical Therapy*, 91(5), 820–824. doi:10.2522/ptj.20110060



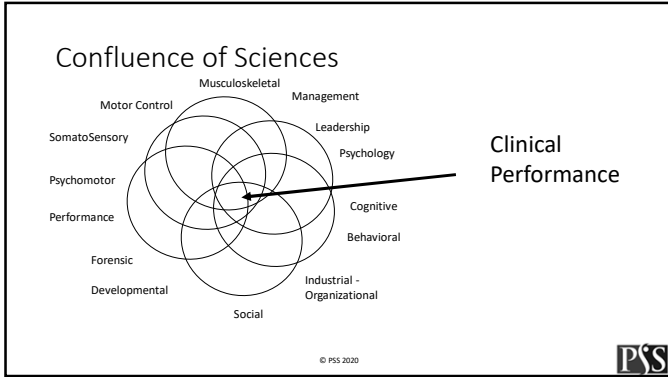
6



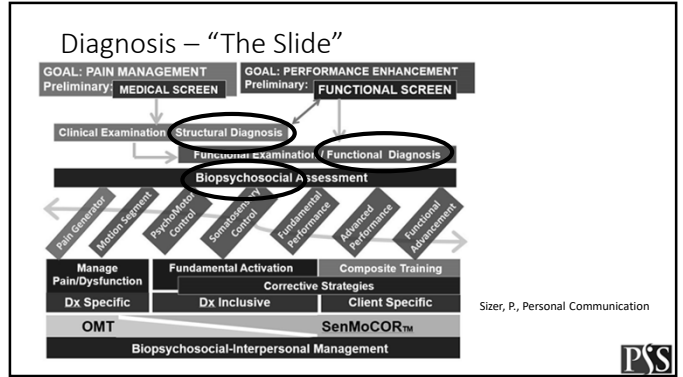
7



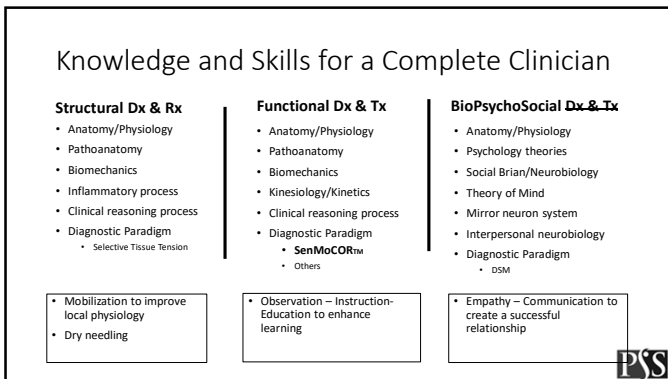
8



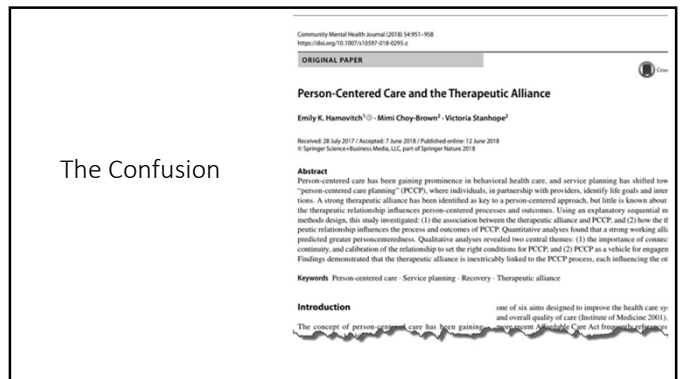
9



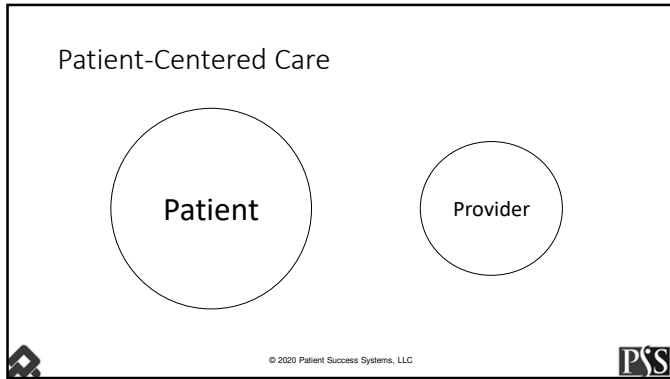
10



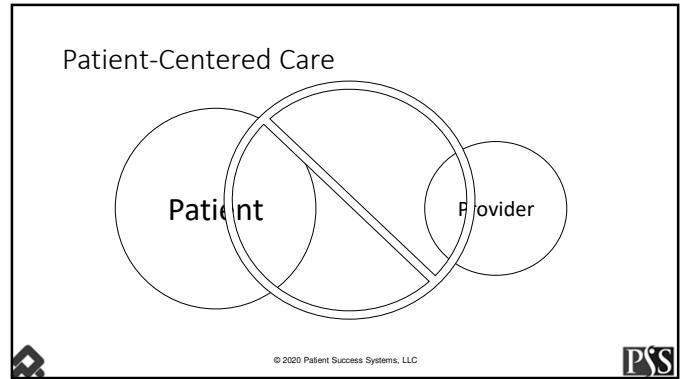
11



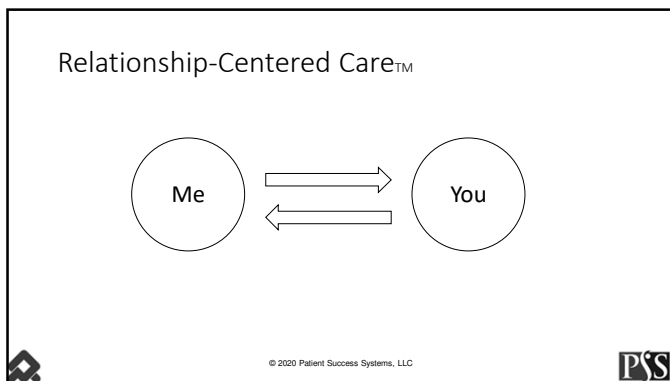
12



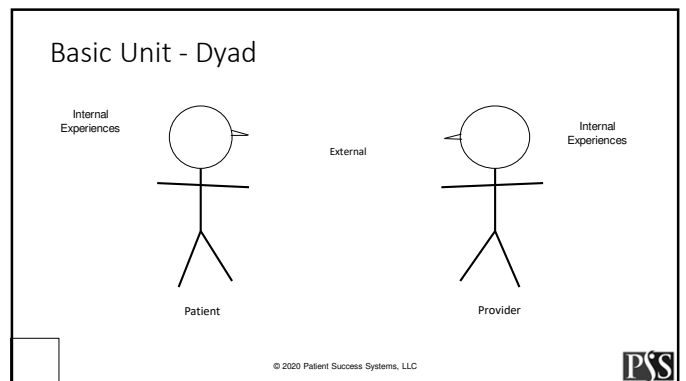
13



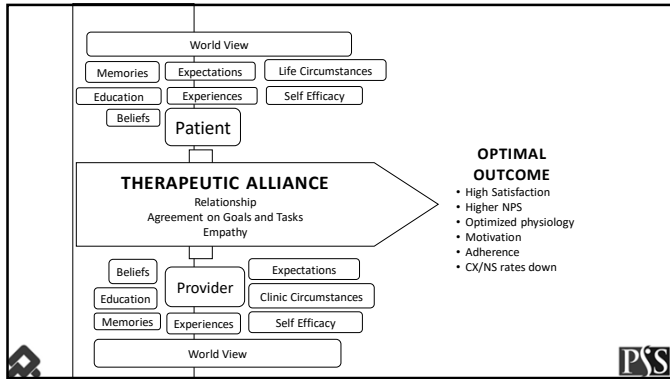
14



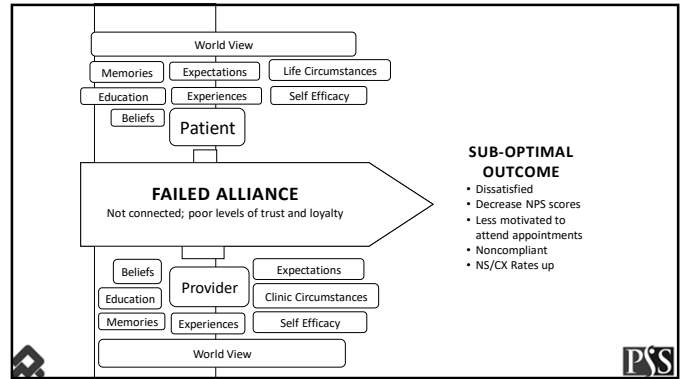
15



16




17




18

Why be Psychologically informed?

- Clinical outcomes
- Organizational outcomes
- Professional satisfaction


A "Complete Clinician" 




19

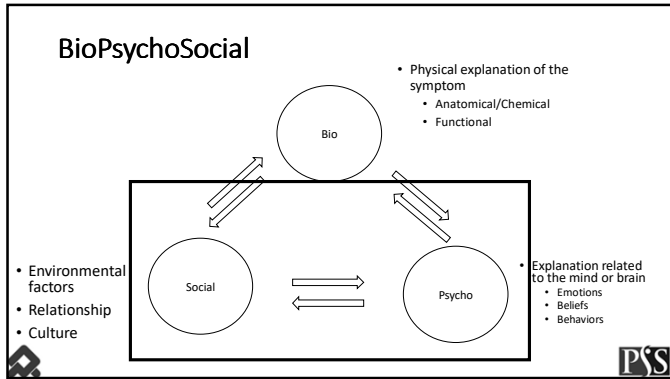
BioPsychoSocial

How do we "do" this?





20

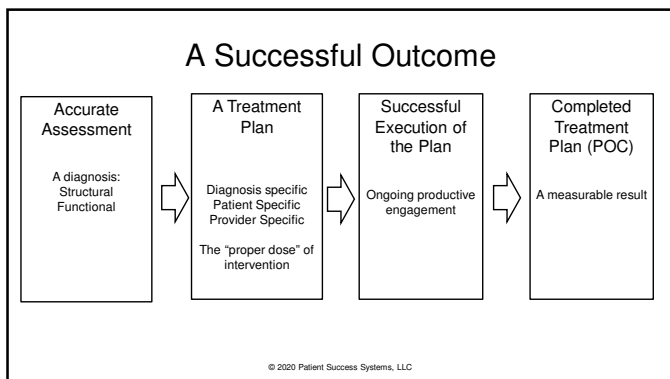


21

The Goal

The PSS logo is in the bottom right corner.

22



23

How do we frame the GOAL?

- Improved Self-Reported Outcomes
- Improved Objective Clinically Measured Outcomes
- Patient Satisfaction
- Document: "Goals achieved"

↓

- A Completed Plan of Care**
 - Patient's goals were met
 - A mutual agreement that the plan is not working

The PSS logo is in the bottom right corner.


24

Our ultimate aim:

- An ongoing relationship with the patient
 - They return with future needs
 - Promote you to referral sources
 - Promote you to friends and family


Regardless of the Clinical Outcome

© 2020 Patient Success Systems, LLC



25

Prevent: “Failed PT”



26

The Biopsychosocial Model 25 Years Later: Principles, Practice, and Scientific Inquiry

*Francis Borrell-Carrio, MD¹
Anthony J. Suckman, MD²
Ronald J.L. Epstein, MD³*

¹Department of Medicine, University of Medicine and Dentistry, Newark, NJ; ²Department of Family Medicine, University of Medicine and Dentistry, Newark, NJ; ³Department of Family Medicine, University of Medicine and Dentistry, Newark, NJ


ABSTRACT

The biopsychosocial model is both a philosophy of clinical care and a practical clinical guide. Philosophically, it is a new understanding how suffering, disease, and illness are affected by multiple levels of organization, from the patient to the population. As the practical model, it is a way of understanding the patient's illness and experience as an integral, continuous, dynamic, dialogic, health-centered, and humane care. In this article, we defined the biopsychosocial model as a primary contribution to the scientific clinical method, while suggesting 4 clarifications: (1) the relationship between mental and physical aspects of health is complex; (2) models of circular causality must be tempered by linear approximations when considering treatment options; and (3) promoting a more participatory clinician-patient relationship is a primary goal. Biopsychosocial medicine, but may not be universally accepted. We propose a biopsychosocial-oriented clinical practice whose goals include (1) self-awareness; (2) active cultivation of trust; (3) an emotional style characterized by empathic curiosity; (4) self-calibration as a way to reduce bias; (5) educating the emotions to assist with diagnosis and forming therapeutic relationships; (6) using informed intuition; and (7) communicating clinical evidence to foster dialogue, not just the mechanical application of protocol. In conclusion, the goal of the biopsychosocial model is not given in the discovery of new scientific laws, as the term “new paradigm” would suggest, but rather in guiding participatory application of medical knowledge to the needs of each patient.

doi:10.1370/afm.245

Borrell-Carrio, F. (2004). The Biopsychosocial Model 25 Years Later: Principles, Practice, and Scientific Inquiry. *The Annals of Family Medicine*, 2(6), 576–582. doi:10.1370/afm.245

© 2020 Patient Success Systems, LLC



27

The Biopsychosocial Model 25 Years Later: Principles, Practice, and Scientific Inquiry

*Francis Borrell-Carrio, MD¹
Anthony J. Suckman, MD²
Ronald J.L. Epstein, MD³*

¹Department of Medicine, University of Medicine and Dentistry, Newark, NJ; ²Department of Family Medicine, University of Medicine and Dentistry, Newark, NJ; ³Department of Family Medicine, University of Medicine and Dentistry, Newark, NJ


ABSTRACT

The biopsychosocial model is both a philosophy of clinical care and a practical clinical guide. Philosophically, it is a new understanding how suffering, disease, and illness are affected by multiple levels of organization, from the patient to the population. As the practical model, it is a way of understanding the patient's illness and experience as an integral, continuous, dynamic, dialogic, health-centered, and humane care. In this article, we defined the biopsychosocial model as a primary contribution to the scientific clinical method, while suggesting 4 clarifications: (1) the relationship between mental and physical aspects of health is complex; (2) models of circular causality must be tempered by linear approximations when considering treatment options; and (3) promoting a more participatory clinician-patient relationship is a primary goal. Biopsychosocial medicine, but may not be universally accepted. We propose a biopsychosocial-oriented clinical practice whose goals include (1) self-awareness; (2) active cultivation of trust; (3) an emotional style characterized by empathic curiosity; (4) self-calibration as a way to reduce bias; (5) educating the emotions to assist with diagnosis and forming therapeutic relationships; (6) using informed intuition; and (7) communicating clinical evidence to foster dialogue, not just the mechanical application of protocol. In conclusion, the goal of the biopsychosocial model is not given in the discovery of new scientific laws, as the term “new paradigm” would suggest, but rather in guiding participatory application of medical knowledge to the needs of each patient.

doi:10.1370/afm.245

Borrell-Carrio, F. (2004). The Biopsychosocial Model 25 Years Later: Principles, Practice, and Scientific Inquiry. *The Annals of Family Medicine*, 2(6), 576–582. doi:10.1370/afm.245

© 2020 Patient Success Systems, LLC




28

- “The relationship between mental and physical aspects of health is complex—subjective experience depends on but is not reducible to laws of physiology;
- Models of circular causality must be tempered by linear approximations when considering treatment options; and
- Promoting a more participatory clinician-patient relationship is in keeping with current Western cultural tendencies, but may not be universally accepted”

- Self awareness
- Active cultivation of trust
- An emotional style characterized by empathic curiosity
- Self-calibration as a way to reduce bias
- Educating the emotions to assist with diagnosis and forming a therapeutic relationship
- Using informed intuition
- Communicating clinical evidence to foster dialogue, not just the mechanical application of the protocol


BIOPSYCHOSOCIAL APPROACH

- Reframe Goals as a Destination “From Here to There”
 - Provides a mental construct that the engagement is a Process or a “journey”.
- Reflect on WHO you are in this Process
 - A technician providing procedures and techniques
 - More than “Doing stuff”
- Consider the frame of being a GUIDE
 - You are guiding someone to a destination
 - To succeed at getting to the destination, you must work together.
- Establish a Therapeutic Alliance
 - Agreement on the *Destination* and the *Plan* to get there


© 2020 Patient Success Systems, LLC 

29

The case:




- In a systematic approach, we have gained essential information
 - Clinical Structural Examination
 - Clinical Functional Examination
 - Biopsychosocial “Assessment”

© 2020 Patient Success Systems, LLC 

30

The case:




HISTORY

PHYSICIAN: 55-yr-old male electrician has c/o R shoulder pain of insidious onset one week prior to evaluation. He demonstrates mild thoracic kyphosis with rounded shoulders and forward head posture.

PHYSICIAN: Right shoulder pain. He states that the shoulder was tight the day after shoveling snow.

WHERE: Lateral aspect of the shoulder that extends to the mid-arm at its worst(C5).

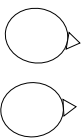
HOW: He was shovelling snow and chopping/stacking firewood 10 days ago. He reports that the first night following shovelling the snow, the pain woke him up, but since then his symptoms have decreased. He still has trouble (pain) crawling his hands and working his feet. Patient also reports a cold one week ago, resulting in him staying in bed for the week and, which caused his pain to worsen a bit. Since then, he reports performing mild AFOCs requires clearing some stiffness and mild pain. He denies any experience of trauma to the right upper quarter.

© 2020 Patient Success Systems, LLC 

31

The Journey Forward Begins

← Past Story




Starting here requires clarity on all the factors of this place and some idea of what contributed


A Therapeutic Alliance

- Agreement on Goals
- Agreement on the Tasks to Achieve the Goals
- Unconditional Positive regard

→



Getting here requires clarity on all the factors of this place and some idea of will be necessary to get there


© 2020 Patient Success Systems, LLC 

32

Goal: Completed Plan of Care – a Destination

Internal Maps of Reality


People respond to their internal map of reality, not to reality itself.



- Internal maps are formed through our language and sensory representation systems as a result of our individual life experiences
- The map is not the territory. Our mental models of reality, rather than reality itself, determines how we respond to the world and act
- Successful providers are able to understand their own "maps" and their patients' maps

- Whose destination?**
- Whose map?**

© 2020 PSS




33

Goal: Completed Plan of Care

Internal Maps of Reality


People respond to their internal map of reality, not to reality itself.



- Internal maps are formed through our language and sensory representation systems as a result of our individual life experiences
- The map is not the territory. Our mental models of reality, rather than reality itself, determines how we respond to the world and act
- Successful providers are able to understand their own "maps" and their patients' maps


- Patient's map is inadequate to get to the destination**
- Help the patient expand their map**
- Co-create a plan of care**
 - Must integrate the patient's reality into the plan
- Guide the patient with their map**
 - "Stay with the patient"

© 2020 PSS



34

Our Case



40761 AL 201901 102-65-02
 1071000 AL 201901 102-65-02
 1001000 AL 201901 102-65-02
 1000000 AL 201901 102-65-02

Referral DIAGNOSIS:
Shoulder impingement

PHYSICAL THERAPY DIAGNOSIS:
Pain Generator

- R shoulder infraspinatus tendinopathy secondary to overuse
- Subacromial bursitis


Dysfunctions

- Posture
- Scapular dyskinesia
- Limits in the elevation chain
- Myofascial

PLAN OF CARE:

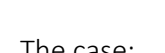
1. Education of sleep position, driving to avoid impingement, positions and movements to avoid and those that help heal.
2. Manual therapy
 - a. MLD/TFM, identify and treat trigger points and other soft tissue dysfunction
 - b. Joint specific testing for end ROM, GH elevation and treat as needed
3. SCL and ACL testing (tested because of 10 deg ROM limit in elevation) and based on outcomes, treat those that need correction strategies.
4. Assessment of the C1 to T6 and cervical spine as needed
 - a. Mobilize cervical vertebrae to improve trunk stability and scapular control.
 - b. Isometric exercises of the rotator cuff
 - c. Self manual message (short range active) (RER) with symmetric abduction by placing lower roll between the humerus and trunk (with effect of distal migration of humeral head against the glenoid, increasing acromioclavicular internal)
5. Movement
6. General healing strategies.

© 2020 Patient Success Systems, LLC



35

The case:



40761 AL 201901 102-65-02
 1071000 AL 201901 102-65-02
 1001000 AL 201901 102-65-02
 1000000 AL 201901 102-65-02

Referral DIAGNOSIS:
Shoulder impingement

PHYSICAL THERAPY DIAGNOSIS:
Pain Generator

- R shoulder infraspinatus tendinopathy secondary to overuse
- Subacromial bursitis


Dysfunctions

- Posture
- Scapular dyskinesia
- Limits in the elevation chain
- Myofascial

PLAN OF CARE:

1. Education of sleep position, driving to avoid impingement, positions and movements to avoid and those that help heal.
2. Manual therapy
 - a. MLD/TFM, identify and treat trigger points and other soft tissue dysfunction
 - b. Joint specific testing for end ROM, GH elevation and treat as needed
3. SCL and ACL testing (tested because of 10 deg ROM limit in elevation) and based on outcomes, treat those that need correction strategies.
4. Assessment of the C1 to T6 and cervical spine as needed
 - a. Mobilize cervical vertebrae to improve trunk stability and scapular control.
 - b. Isometric exercises of the rotator cuff
 - c. Self manual message (short range active) (RER) with symmetric abduction by placing lower roll between the humerus and trunk (with effect of distal migration of humeral head against the glenoid, increasing acromioclavicular internal)
5. Movement
6. General healing strategies.


© 2020 Patient Success Systems, LLC



Potential biopsychosocial issues

- Fear
- Ambivalence

© 2020 PSS




36

Basic Psychological Needs

- **Competence**
 - How can I be who I am if I cannot *do* ____?
 - Who am I if I can only *do* _____?
- **Autonomy**
 - Am I choosing to cease or are you telling me?
- **Relatedness**
 - What will I do if I cannot hang out with my jogging friends?

Hall, M. S., Podlog, L., Newton, M., Galli, N., Fritz, J., Butner, J., ... Hammer, C. (2020). Patient and practitioner perspectives of psychological need support in physical therapy. *Physiotherapy Theory and Practice*, 1-16. doi:10.1080/09593985.2020.1780654

© 2020 Patient Success Systems, LLC




37

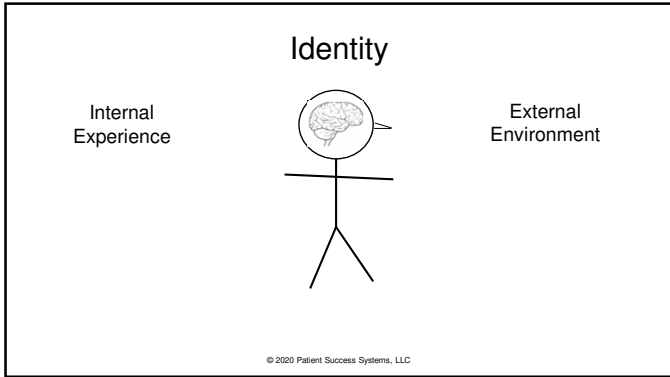
10 Skills

1. **Motivational Language - Solution Language**
2. State Management
3. Calibration
4. Rapport
5. Pacing
6. Active-Listening Skills: Open Questions, Backtracking, Summarizing
7. Healing Map Interview - Perceived Problem
8. Healing Map Interview – Goals, Pathway, Barriers, Resources
9. Readiness to Change Measure - Resolving Non-compliance
10. Measuring Therapeutic Alliance

© 2020 Patient Success Systems, LLC



38




39

What Tools do we Have?

<p>Bio</p> <ul style="list-style-type: none"> • Our Hands • Equipment • Tools 	<p>PsychoSocial</p> <ul style="list-style-type: none"> • Empathy • Communication • Connection • Inspiration
---	--

© 2020 Patient Success Systems, LLC




40

Skill #7

Healing Map Interview

“Build a **Map** of your patient so that you can use his/her map to help them navigate **the Territory**”

© 2020 Patient Success Systems, LLC




41

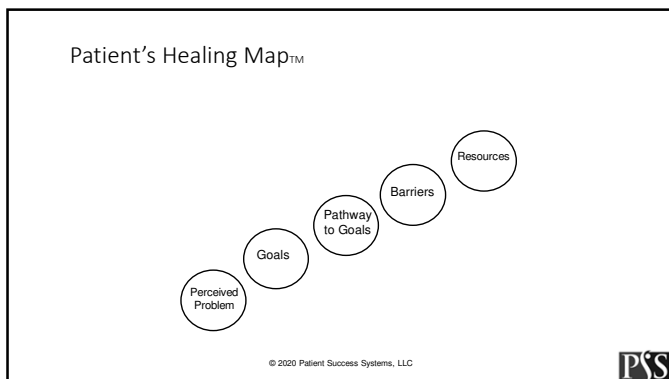
Healing Map Interview

- 5 Step Process to create a “well formed outcome”
- Creates a structure to “see” the “whole picture” with the intent of establishing a therapeutic alliance
- Uses previous skills (motivational language) to build a map
- At the end you will have a “map” to guide the patient to an agreed upon destination

© 2020 Patient Success Systems, LLC




42



43


Healing Map Interview



USE ALL PREVIOUS Relationship SKILLS!


- Rapport
- Open questions
- Pacing
- Backtracking
- Summarizing

© 2020 Patient Success Systems, LLC




44

Perceived Problem Questions




- What is your understanding of what is going on with you?
 - What has Dr. _____ told you about your condition, treatment, prognosis, and progress?
 - Does that make sense to you? What questions do you have?
- What do you think is the **cause** of your pain?
- What do you think is contributing to this condition?
- What does it mean that you have this problem?
- At this point, how confident are you that the treatment will be successful and **you will get better**?

© 2020 Patient Success Systems, LLC 

45

Perceived Problem Questions

- What is your understanding of what is going on with you?
 - "Not sure, it might be a torn rotor cuff"
 - "I just can't lift stuff to do my job"
- What do you think is the **cause** of your pain?
 - "The rotor cuff tear"
- What do you think is contributing to this condition?
 - "I'm constantly in tough position, and we have been working a lot."
 - "We just got a new supervisor, and a couple of guys got laid off. Which means everyone is doing more"
- What does it mean that you have this problem?
 - "That I can't work, but I have good insurance."
- At this point, how confident are you that the treatment will be successful and **you will get better**?
 - "Not sure. Can you fix a rotor cuff?"

© 2020 Patient Success Systems, LLC 


46

Questions: Goals

- What would you like to accomplish in therapy?
- What would you like to accomplish today?
- How would you like things to be different when we are done working together?
 - Stated in the positive.
 - Example: "So if your pain was gone, what would you be experiencing instead?" ...ease, function, strength, etc.
 - What will having this outcome **do** for you?
 - (Or) What's important about this?
 - (Ensure goal is in patient's control, specific, realistic and attainable)
- When do you want it? (time-oriented)

Advanced technique:

- Imagine stepping into the future and having your outcome fully...What will you see, hear, and feel when you have this outcome?

© 2020 Patient Success Systems, LLC 


47

Questions: Goals

- What would you like to accomplish in therapy?
 - "Get my shoulder feeling better so I can get back to work"
- What would you like to accomplish today?
 - "Feel better"
- How would you like things to be different when we are done working together?
 - "Different? Hmmm, I don't know, a new job?"
- When do you want it? (time-oriented)
 - "Sooner the better".

Advanced technique:

- *Imagine stepping into the future and having your outcome fully...What will you see, hear, and feel when you have this outcome?*

© 2020 Patient Success Systems, LLC 

48

Questions: Pathway

- What do you think will be required to reach your goals?
 - "It sounds like surgery, if it's torn. But not sure."
- How long do you think it will take to get better?
 - "Not sure, but I'm not going back to work until it is totally better."
- How much time can you dedicate to doing things at home?
 - "I don't have much else going on, so I suppose enough."
- How many times per week can you be here for treatment?
 - "I talked to the doctor and he said three times per week."

© 2020 Patient Success Systems, LLC



49

New Information on Day 2

- He is not able to work because of his shoulder.
- Although he initially stated his shoulder started hurting after shoveling snow and stacking wood, he now reports he remembers lifting something at work.
- He has reported it to HR and it is now a WC claim.
- He reports he is not able to work because of his shoulder.



50

Stop

What are you thinking now?

© 2020 Patient Success Systems, LLC



51

What are you feeling?

What might be challenging for some of us?
Are you feeling a conflict?
What values or beliefs does this challenge?

© 2020 Patient Success Systems, LLC



52

Emotional expression?

What emotions are you expressing?
What emotions do you want to express?

© 2020 Patient Success Systems, LLC

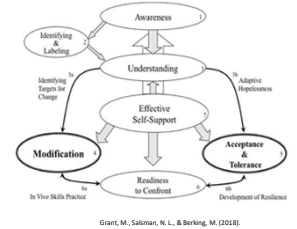


53

Emotional Regulation

People use strategies to control or modify their emotions at two levels

- Cognitive Reappraisal
 - A process of gaining awareness of thoughts and emotions and modifying them
- Expressive suppressive
 - A process of expressing or suppressing emotions.



Grant, M., Salzman, N. L., & Berkling, M. (2018).



54

Skill #8

Healing Map Interview
Goals
Pathway to Goals
Barriers
Resources

© 2020 Patient Success Systems, LLC



55

Questions: Potential Barriers

- What might get in the way of you reaching your goals?
 - "Well, I just know that it hurt a lot and I can't use it. If it's torn, how can it get better?"
- Can you picture yourself in the future having reached your goal?
 - "I suppose"
- What might get in the way of you getting to your appointments?
 - "Nothing. I talked to my case manager and she was pretty clear that I need to come. However, my grandkids are out of school because of the COVID and they are staying with me during the day while I am not working."

Beliefs and Values

• How we see the world depends upon our "Map"



- Beliefs are concepts that we hold to be true
- Beliefs may come from religion, but not always
- Values are ideas that we hold to be important
- Values govern the way we behave, communicate and interact with others
- Beliefs and values determine our attitudes and behaviors.

© 2020 PSS


© 2020 Patient Success Systems, LLC



56

Internal Experience


- Internal:
 - Fear of losing his job
 - Caring for his family



External Environment

- External: Environmental
 - Work requirements
 - Family requirements

© 2020 Patient Success Systems, LLC




57

BioPsychoSocial Awareness

- He is an electrician
- Initially reports hurting his shoulder shoveling and stacking wood; reports he is afraid of losing his job.
- The next visit recalls injuring it at work and has filed a work comp claim
- He is taking care of grandkids who are home from school because of the COVID crisis. Their parents have to work during the day.

© 2020 Patient Success Systems, LLC




58

Biopsychosocial concerns:

- He also states that there have been some changes at work...a new supervisor and some layoffs.
- He is afraid of losing his job.
- "How long do you think it will take to get better?"
 - "Not sure, but I'm not going back to work until it is totally better."
- Is there more?

© 2020 Patient Success Systems, LLC




59

Questions: Resources

- **YOU:** "What if there was a way this could get better without surgery." [Pause]
- **Patient:** "Um, well, I guess I'm open".
- **YOU:** "Cool? What would you need to know"
- **Patient:** "Why it hurts and how it can stop hurting if not fixed?"
- **YOU:** "?"
- **Patient:** "" [OPTIONS]
- **YOU:** ""
- **Or YOU:** ""

© 2020 Patient Success Systems, LLC



60

Title: Understanding Shoulder Pain: A Qualitative Evidence Synthesis Exploring the Patient Experience

RUNNING HEAD: Shoulder Pain: Exploring the Patients' Experience

TOC CATEGORY: Musculoskeletal

ARTICLE TYPE: Review

KEYWORDS: Shoulder Pain, Rotator Cuff, Qualitative Research, Qualitative Evidence Synthesis, Methodology

ACCEPTED: October 26, 2020

SUBMITTED: May 22, 2020

AUTHOR BYLINE: Christina Maxwell, Katie Maxwell, Kelli McCreesh

AUTHOR INFORMATION:
 C. Maxwell, BSc, MSc, Health Research Institute, Ageing of Limbs, Limerick, V14 TPX (Email: Christina.Maxwell@hri.ie)
 K. Robinson, BSc, MSc, PhD, Health Research Institute, Ageing Research Centre, University of Limerick
 K. McCreesh, BSc, MSc, PhD, Health Research Institute, Ageing Research Centre, University of Limerick
 Corresponding Author Details:
 Maxwell, C., Robinson, K., & McCreesh, K. (2020). Understanding Shoulder Pain: A Qualitative Evidence Synthesis Exploring the Patient Experience. *Physical Therapy*. doi:10.1093/ptj/pzab229

Objective

- “The objective of this study was to review and synthesize qualitative research studies exploring the experiences of individuals living with shoulder pain to enhance understanding of the experiences of these individuals as well as facilitate health care developments.
- **Methods.** A meta-ethnographic approach was adopted to review and synthesize eligible published qualitative research studies
- **Results.** Nineteen studies were included in the meta-synthesis. Included articles explored the lived experiences as well as treatment-related experiences of participants. All of the included articles were deemed to be of high methodological quality.”

Maxwell, C., Robinson, K., & McCreesh, K. (2020). Understanding Shoulder Pain: A Qualitative Evidence Synthesis Exploring the Patient Experience. *Physical Therapy*. doi:10.1093/ptj/pzab229

61

Title: Understanding Shoulder Pain: A Qualitative Evidence Synthesis Exploring the Patient Experience

RUNNING HEAD: Shoulder Pain: Exploring the Patients' Experience

TOC CATEGORY: Musculoskeletal

ARTICLE TYPE: Review

KEYWORDS: Shoulder Pain, Rotator Cuff, Qualitative Research, Qualitative Evidence Synthesis, Methodology

ACCEPTED: October 26, 2020

SUBMITTED: May 22, 2020

AUTHOR BYLINE: Christina Maxwell, Katie Maxwell, Kelli McCreesh

AUTHOR INFORMATION:
 C. Maxwell, BSc, MSc, Health Research Institute, Ageing of Limbs, Limerick, V14 TPX (Email: Christina.Maxwell@hri.ie)
 K. Robinson, BSc, MSc, PhD, Health Research Institute, Ageing Research Centre, University of Limerick
 K. McCreesh, BSc, MSc, PhD, Health Research Institute, Ageing Research Centre, University of Limerick
 Corresponding Author Details:
 Maxwell, C., Robinson, K., & McCreesh, K. (2020). Understanding Shoulder Pain: A Qualitative Evidence Synthesis Exploring the Patient Experience. *Physical Therapy*. doi:10.1093/ptj/pzab229

Results. Three themes were identified:

- Negative emotional, social, and activity impact
 - “It has been a big upheaval”
- Developing an understanding
 - Why is it hurting so much?
- Exercise
 - Am I going to go through a lot of pain in moving it...?

“Across all studies

- Several emotional and physical impact of shoulder pain
- Many people sought permanent solution involving surgery
- Openness to other treatment options was influenced by factors including understanding of pain, prior experiences and treatment expectations.

Maxwell, C., Robinson, K., & McCreesh, K. (2020). Understanding Shoulder Pain: A Qualitative Evidence Synthesis Exploring the Patient Experience. *Physical Therapy*. doi:10.1093/ptj/pzab229

62

Biopsychosocial “intervention”

- Listening to what’s important (value criteria)
 - The stress he has at work, the changes, the fear of losing his job.
 - “It sounds like you also have some work stress and home stress”
- Empathy
 - “Whew”
- Education
 - He may not understand how pain and the shoulder complex works.
- Compliance
 - Not sure. He may be weighing the cost/benefit ratio of returning to work with fear of losing his job if he feels safer being injured. Also he has the positive of being home with grandkids.
- Strategies
 - Alliance. Someone who is “on his side” to help him get what he wants.
 - Don’t be quick to label him! He has real mechanical stuff, and he has “normal” psychological stuff: ambivalence.
 - He does not yet know how to navigate the situation and thinks that surgery is his solution

© 2020 Patient Success Systems, LLC

63

Biopsychosocial “intervention”

Biopsychosocial “intervention”

- Listening to what’s important (value criteria)
 - The stress he has at work, the changes, the fear of losing his job.
 - “It sounds like you also have some work stress and home stress”
- Empathy
 - “Whew”
- Education
 - He may not understand how pain and the shoulder complex works.
- Compliance
 - Not sure. He may be weighing the cost/benefit ratio of returning to work with fear of losing his job if he feels safer being injured. Also he has the positive of being home with grandkids.
- Strategies
 - Alliance. Someone who is “on his side” to help him get what he wants.
 - Don’t be quick to label him! He has real mechanical stuff, and he has “normal” psychological stuff: ambivalence.
 - He does not yet know how to navigate the situation and thinks that surgery is his solution

© 2020 Patient Success Systems, LLC

64

Biopsychosocial "intervention"

Biopsychosocial "intervention"

- Listening to what's important (value criteria)
 - The stress he has at work, the changes, the fear of losing his job.
 - "It sounds like you also have some work stress and home stress?"
- Empathy
 - "uh-huh"
- Education
 - He may not understand how pain and the shoulder complex works.
- Compliance
 - Not sure. He may be weighing the cost/benefit ratio of returning to work with fear of losing his job if he feels safer being injured. Also he has the position of being home with grandkids.
- Strategies
 - Allowance. Someone who is "on his side" to help him get what he wants.
 - Don't be quick to label him! He has real mechanical stuff, and he has "normal" psychological stuff/ambivalence.
 - He does not yet know how to navigate the situation and thinks that surgery is his solution.

What makes these or any statements "empathetic"?

- "Wow, those kind of changes at work can be stressful. What's the most challenging part?"
- "As crazy as it sounds, it's created a cool opportunity to spend some time with your grandkids."
- "You're thinking that a torn rotator cuff means surgery."
- "You want to be 100% before getting back to your job".

© 2020 Patient Success Systems, LLC

65

Biopsychosocial "intervention"

Biopsychosocial "intervention"

- Listening to what's important (value criteria)
 - The stress he has at work, the changes, the fear of losing his job.
 - "It sounds like you also have some work stress and home stress?"
- Empathy
 - "uh-huh"
- Education
 - He may not understand how pain and the shoulder complex works.
- Compliance
 - Not sure. He may be weighing the cost/benefit ratio of returning to work with fear of losing his job if he feels safer being injured. Also he has the position of being home with grandkids.
- Strategies
 - Allowance. Someone who is "on his side" to help him get what he wants.
 - Don't be quick to label him! He has real mechanical stuff, and he has "normal" psychological stuff/ambivalence.
 - He does not yet know how to navigate the situation and thinks that surgery is his solution.

• **Be a GREAT Educator!**

• Explain pain: How? Your choice!

• My "schtick":

- Pain is chemical
- Pain is mechanical
- Pain is psychosomatic

- Speak at the level of your patient
- Use metaphors and analogies to help communicate concepts
- Information can be great to help those with beliefs that are not accurate...However....

© 2020 Patient Success Systems, LLC

66

Biopsychosocial "intervention"

Biopsychosocial "intervention"

- Listening to what's important (value criteria)
 - The stress he has at work, the changes, the fear of losing his job.
 - "It sounds like you also have some work stress and home stress?"
- Empathy
 - "uh-huh"
- Education
 - He may not understand how pain and the shoulder complex works.
- Compliance
 - Not sure. He may be weighing the cost/benefit ratio of returning to work with fear of losing his job if he feels safer being injured. Also he has the position of being home with grandkids.
- Strategies
 - Allowance. Someone who is "on his side" to help him get what he wants.
 - Don't be quick to label him! He has real mechanical stuff, and he has "normal" psychological stuff/ambivalence.
 - He does not yet know how to navigate the situation and thinks that surgery is his solution.

- **Be a GREAT Educator!**
- Use a model of the shoulder on a skeleton
- Describe the role of the rotator cuff (compressor cuff)
- Describe the "elevation chain"
- How the scapular muscles must "raise the roof" to prevent impingement
- How the core affects shoulder function

• Speak at the level of your patient

• Use metaphors and analogies to help communicate concepts

• Information can be great to help those with beliefs that are not accurate...However....

© 2020 Patient Success Systems, LLC

67

Biopsychosocial "intervention"

Biopsychosocial "intervention"

- Listening to what's important (value criteria)
 - The stress he has at work, the changes, the fear of losing his job.
 - "It sounds like you also have some work stress and home stress?"
- Empathy
 - "uh-huh"
- Education
 - He may not understand how pain and the shoulder complex works.
- Compliance
 - Not sure. He may be weighing the cost/benefit ratio of returning to work with fear of losing his job if he feels safer being injured. Also he has the position of being home with grandkids.
- Strategies
 - Allowance. Someone who is "on his side" to help him get what he wants.
 - Don't be quick to label him! He has real mechanical stuff, and he has "normal" psychological stuff/ambivalence.
 - He does not yet know how to navigate the situation and thinks that surgery is his solution.

- He will stay with it to adhere to his work comp requirements.
- Keeping him "engaged" is going to depend upon your relationship, the degree to which he enjoys the environment and your enthusiasm.
- Pacing is essential

© 2020 Patient Success Systems, LLC

68

Biopsychosocial "intervention"

Biopsychosocial "intervention"

- Listening to what's important (value criteria)
- The stress he has at work, the changes, the fear of losing his job.
- "It sounds like you also have some work stress and home stress"

Empathy

- "Show"

Education

- He may not understand how pain and the shoulder complex works.

Compliance

- Not sure, he may be weighing the cost/benefit ratio of returning to work with fear of losing his job vs the benefit of being home with grandchild.

Strategies

- Alliance: Someone who is "on his side" to help him get what he wants.
- Don't be quick to label him! He has real mechanical stuff, and he has "normal" psychological stuff/ambivalence.
- He does not yet know how to manage the situation and thinks that surgery is his solution.

- Pacing, pace lead
- You:** "What if we could get your shoulder working just like before without surgery?"
- Patient:** "Pretty cool, not sure though. How long would it take?"
- You:** "It always depends, what do you think it might take?"
- Patient:** "I don't know, maybe three months?"
- You:** "Maybe, although we might be surprised...it could be 6-weeks. **What do you think?**"
- Patient:** "I guess, whatever you think"

© 2020 Patient Success Systems, LLC

69

Biopsychosocial "intervention"

Biopsychosocial "intervention"

- Listening to what's important (value criteria)
- The stress he has at work, the changes, the fear of losing his job.
- "It sounds like you also have some work stress and home stress"

Empathy

- "Show"

Education

- He may not understand how pain and the shoulder complex works.

Compliance

- Not sure, he may be weighing the cost/benefit ratio of returning to work with fear of losing his job vs the benefit of being home with grandchild.

Strategies

- Alliance: Someone who is "on his side" to help him get what he wants.
- Don't be quick to label him! He has real mechanical stuff, and he has "normal" psychological stuff/ambivalence.
- He does not yet know how to manage the situation and thinks that surgery is his solution.

- Collaborate: 'I'm on your side'
- Alliance: The difference between
 - "You need to get back to work" vs.
 - "How can we get your shoulder feeling great again?"
- Your own State Management (Emotional Regulation) is foundational to this relationship.

Exploring his 'map' on the topic.

© 2020 Patient Success Systems, LLC

70

Biopsychosocial "intervention"

- Backtracking, metaphor to communicate... "I get your situation"
- Me:** "Man, there is a lot going on. It's like a **soldier** who is in a battle and it's coming in from all sides."
- "How does **that** guy succeed in that situation?"
- Patient:** "He stays calm, gains situational awareness, evaluates his options and makes the best decision".
- Me:** "Yes, how can we apply that kind of training to this situation?"
- Patient:** "I've got to get this other thing (PTSD) addressed".
- Me:** "Yea, I agree. What are the next steps?"

Carefully using his identity to help him determine the best actions to take
 Aim – get him to a professional to assist him with a root issues.

© 2020 Patient Success Systems, LLC

71

Your Skills

- Empathy
- Listening for Values Criteria
- Reframing and summarizing
- Collaboration

© 2020 Patient Success Systems, LLC

72

The case:

Outcome:

- Patient stayed with conservative treatment and improved over 6 weeks of 3x/week
- Was able to get back to work at 4 week on light duty
- Did not have or insist on surgery
- He stayed with our POC
- Discharged at 8 weeks

73

Summary

74

Healing Map Summary

- Every patient has a map
- Master clinicians can elicit a patient’s map and either use it as is or help the patient expand her map
- Knowing your patient’s map will allow you to make the best therapeutic intervention for that person
- Foundation to relationship-centered care, allowing patient to take ownership

75

Our Goal

- To align our maps toward a common destination
 - Therapeutic Alliance
- To understand the patient and their situation and recognize the impact on their capacity to heal.
 - Internal and external factors
- To approach the patient encounter as a “complete clinician”
- To ensure both patient and provider stay engaged with the treatment plan
- To complete a plan of care

76

Thank you
and
Discussion



77