


# Hip Case Study


## A Biopsychosocial Perspective

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1

## Facilitator




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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.


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2

## What you will learn

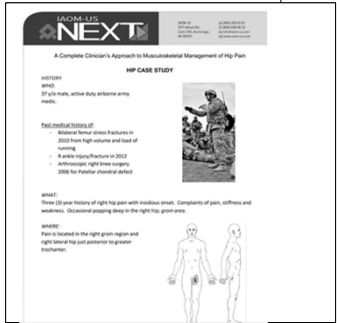
- An evidence-based perspective of the biopsychosocial aspects of a cervical case study.
- A framework upon which to build a therapeutic alliance with your patients.
- Build a foundation from which to enhance communication and relationship skills for a better experience and better outcomes.



4

## Timeline

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




5

### 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

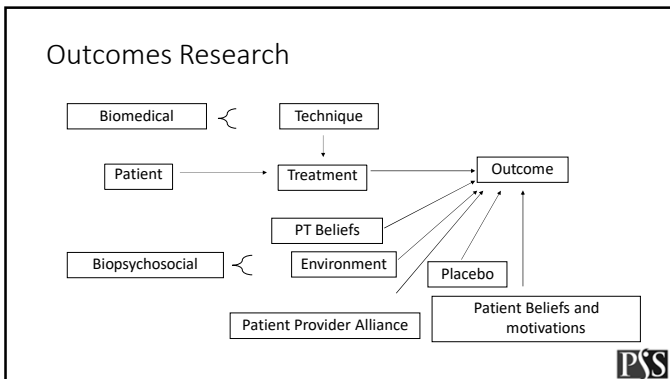


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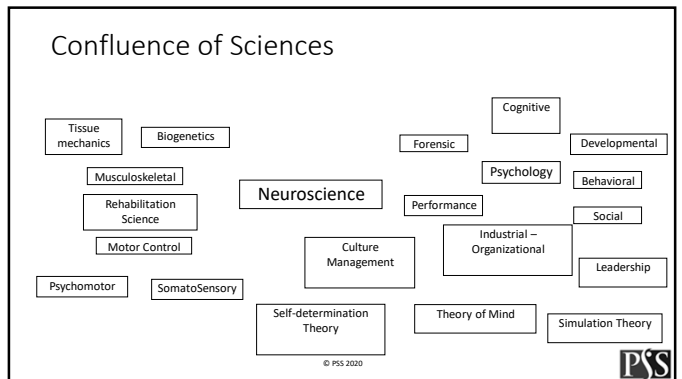
Main, C. J., & George, S. Z. (2011). Psychologically Informed Practice for Management of Low Back Pain: Future Directions in Practice and Research. *Physical Therapy*, 91(5), 820–824. doi:10.2522/ptj.20110060



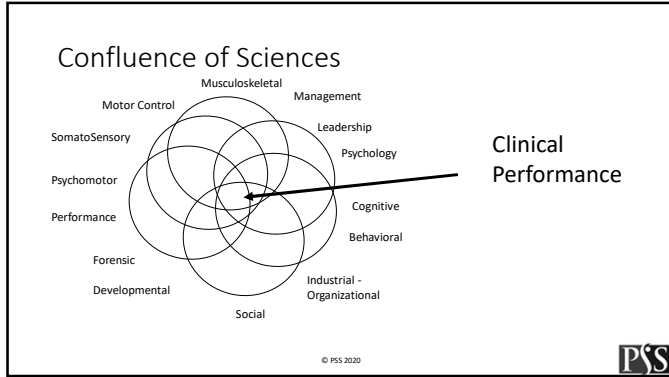
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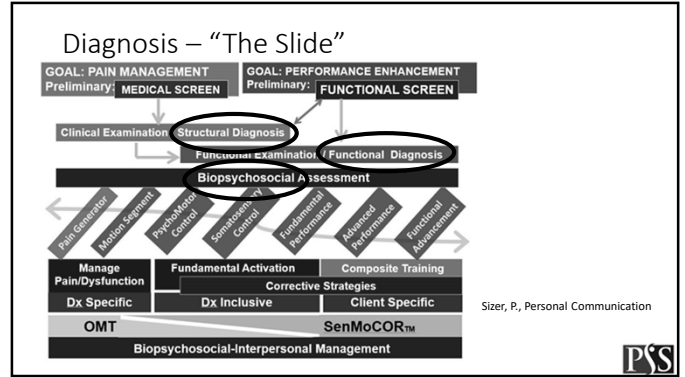
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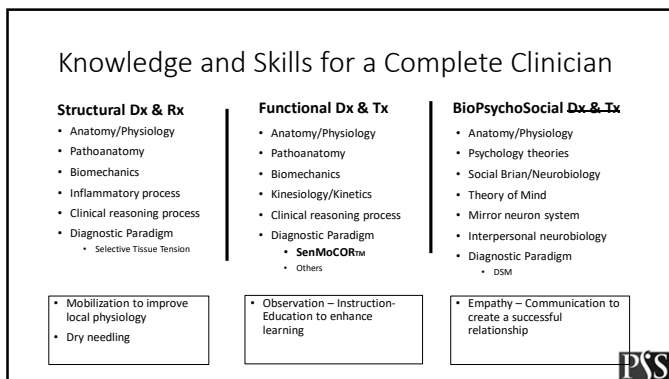
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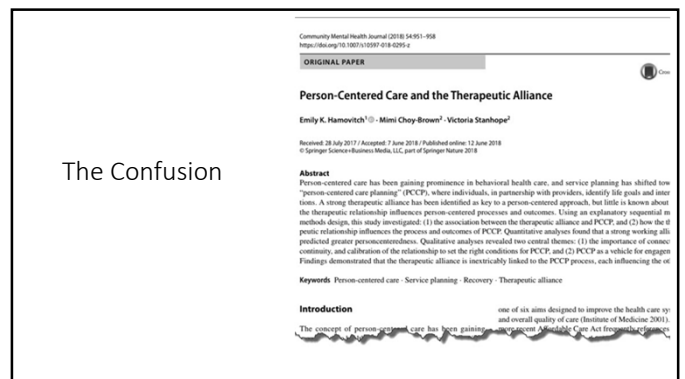
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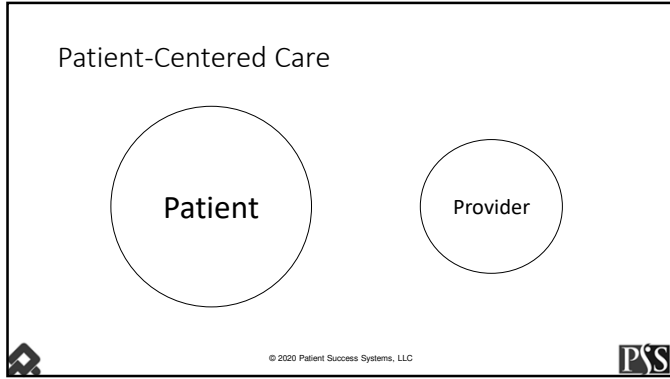
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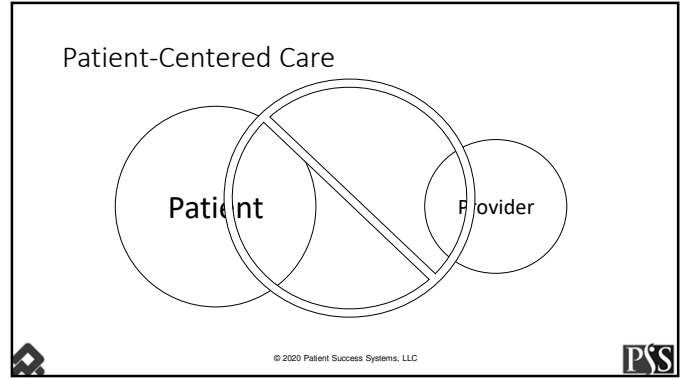
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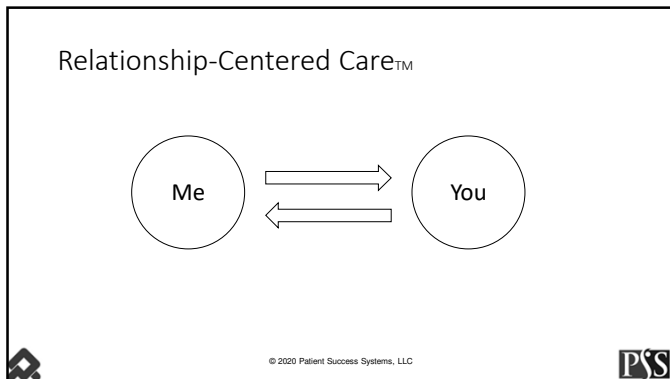
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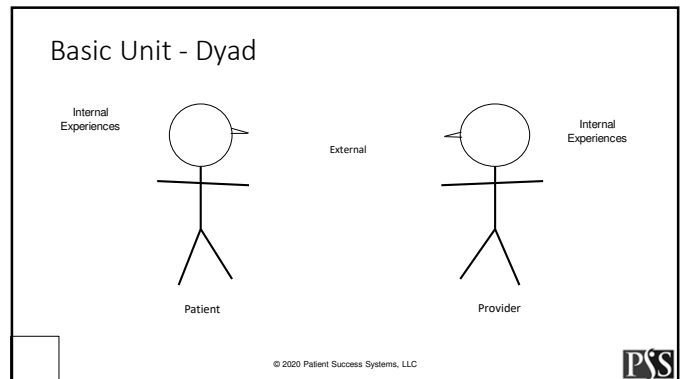
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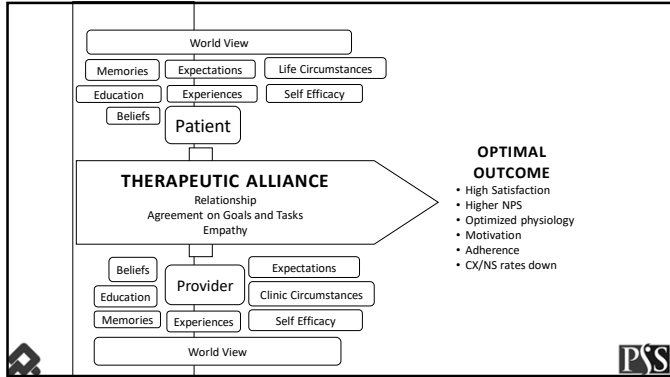
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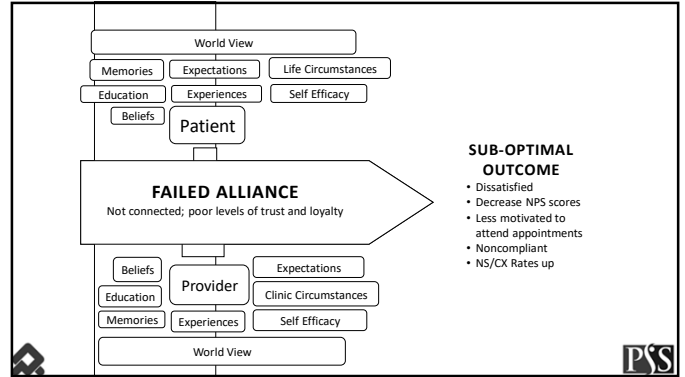
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19

Why be Psychologically informed?

- Clinical outcomes
- Organizational outcomes
- Professional satisfaction

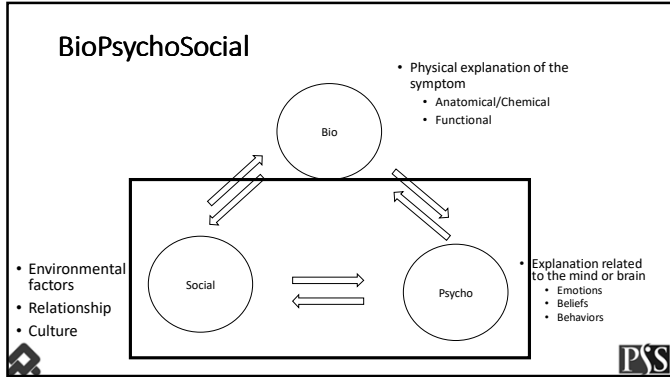
A "Complete Clinician" 

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BioPsychoSocial

How do we "do" this?

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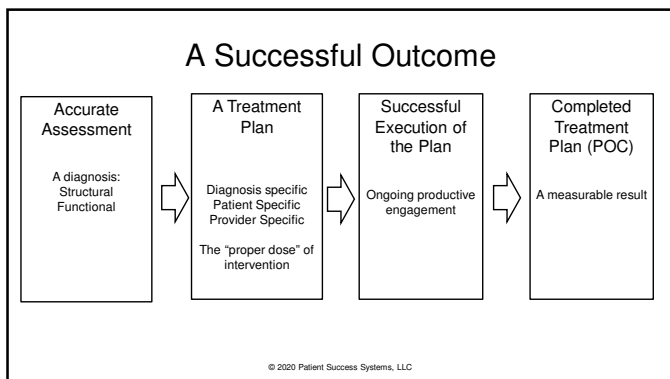


22

## The Goal

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23



24

### 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

PSS

25

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**



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26

**Prevent: “Failed PT”**



27

## 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



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The case:

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




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29

### The case:

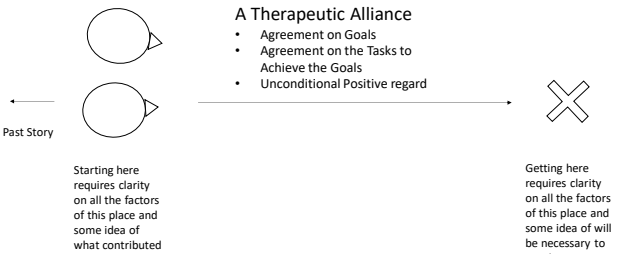


- We have a sense of who this person is:
  - 37 yo active-duty airborne medic
  - 3-year history of hip pain
  - Hx of bilateral femur stress fx
  - R ankle fx in 2012
  - R knee scope in 2006 patellar chondral defect
- More
  - He is going through a “messy divorce”
  - He is 5 years from retirement and needs to maintain his position
  - To sleep he admits that he is “self medicating”

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### The Journey Forward Begins



**A Therapeutic Alliance**

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

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


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

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### 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?**

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### Goal: Completed Plan of Care

**Internal Maps of Reality**  
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- Internal maps are formed through our language and sensory representation systems as a result of our individual life experiences
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- 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”

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### Our Case

**Structure and Function POC**

- Educate the patient
- Treat the joint first
- Unloaded activities (shuttle, total gym) and cycling with seat high
- Sitting with pillow under buttock to decrease prolonged flexion
- Addition of core activation with pelvic control

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### The case:

**Potential biopsychosocial issues**

- “Identity” crisis
- Life stressors
- Self medicating/Sleep
- Compliance?
- Other?

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### Who am I?

**Identity**  
Internal Experiences  
My Story  
My Tribe  
My Beliefs  
My Values

External Environment

Our “doing” is a representation of who we are in the world.

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“You will have to stop working”

-Provider to patient.

37

# An Identity Crisis

-Provider to patient.

38

# Identity language

Are you an exerciser?

39

## Neuro-logical Levels of Alignment

Mission

Identity

Beliefs

Capabilities

Behaviors

Environment

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40

## Neuro-logical Levels of Alignment

Mission

Identity

Beliefs

Capabilities

Behaviors

Environment

- Who am I, if I cannot be a soldier?
- If I don't serve with my unit, I won't have my comrades with me.
- I won't be a part of something important with others like me.

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## Identity language

- Are you a cyclist?
- Are you a golfer?
- Are you a runner?
- Are you a soldier?



42

## The case:



## Potential biopsychosocial issues

- “Identity” crisis
- Life stressors
- Self medicating
- Compliance
- Other?



43

## 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



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45

## What Tools do we Have?

### Bio

- Our Hands
- Equipment
- Tools

### PsychoSocial

- Empathy
- Communication
- Connection
- Inspiration




47

# 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**”

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48

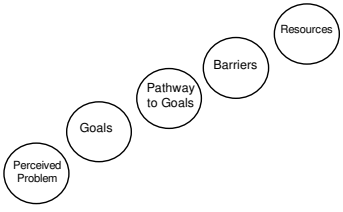
## Healing Map Interview


- 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

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## Patient’s Healing Map™



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## Healing Map Interview




**USE ALL PREVIOUS Relationship SKILLS!**

- Rapport
- Open questions
- Pacing
- Backtracking
- Summarizing


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### 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**?

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52

### Perceived Problem Questions

- What is your understanding of what is going on with you?
  - "Hip arthritis, doctor said I will have to stop working in my current job!"
  - "I have to get to retirement."
- What do you think is the **cause** of your pain?
  - "Arthritis"
- What do you think is contributing to this condition?
  - "I am working like I always do; I just push through it."
  - "My soon to be ex-wife is a total pain in my butt."
  - "I'm not sleeping that well."
- What does it mean that you have this problem?
  - "My buddies in the unit are a little nervous about how I am getting around."
- At this point, how confident are you that the treatment will be successful and **you will get better**?
  - "Fine, I can tough it out. I have to **get through it**."


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## Skill #8

Healing Map Interview

Goals  
Pathway to Goals  
Barriers  
Resources

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### 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?

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Questions: Goals

- What would you like to accomplish in therapy?
  - "I want to be able to move better and sleeping better."
- What would you like to accomplish today?
  - "I don't know, that's your job. Fix my hip."
- How would you like things to be different when we are done working together?
  - "I want to be able to work without people noticing that I have hip arthritis."
- 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?*

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Questions: Pathway

- What do you think will be required to reach your goals?
  - "Some exercises. Maybe some better meds."
- How long do you think it will take to get better?
  - "The doc did not say. He didn't seem to think that it could get better without surgery, which I don't want to do because it will take me out of my unit."
- How much time can you dedicate to doing things at home?
  - "Not much, it's a sh\*t show with my soon to be ex-wife. I'm crashing on a buddy's couch until we figure things out."
- How many times per week can you be here for treatment?
  - "We are pretty busy at work; maybe twice a week."


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Questions: Potential Barriers

- What might get in the way of you reaching your goals?
  - "Nothing. I will reach my goal. I have been with these guys a long time; I'm not leaving them now."
- Can you picture yourself in the future having reached your goal?
  - "Absolutely"
- What might get in the way of you getting to your appointments?
  - "My work schedule is pretty hectic"

**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.

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58


Internal Experience



External Environment

- Internal:
  - Stress – Anxiety
  - Anxiety about about being trusted by his "tribe" especially during a "messy" divorce.
  - Need to calm the *anxiety* and sleep.

Additional conversation  
**YOU:** "It sounds like you have some stress going on"  
**Patient:** "Yes, this divorce thing is pissing me off".  
**YOU:** "I hear ya; what else?"  
**Patient:** "I don't want to lose the trust of my guys"
- External: Environmental
  - Divorce – living situation
  - Work relationship

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59

## BioPsychoSocial Awareness

- He is active military – strong identity
- He is going through a messy divorce – massive stressor
- As a medic he knows he has a serious injury and two things could happen
  - He loses the trust of his unit
  - He is on a path toward medical discharge
- He is “self medicating” to sleep
- He has documented structural and functional pathology
  - Physiology of both can improve with our treatment

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60

## Biopsychosocial concerns:

- He is motivated but also focused on participating at work in a way to keep the trust of his unit.
- He has a difficult pathology that can improve, but will require some concerted effort to decrease pain to improve sleep.
- He fears losing his job and his work relationships.
- He may be in a high risk category for substance abuse in a way that is not only unhealthy, but also jeopardizes his career.
- Is there more?

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61

## Questions: Resources

- **YOU:** “Yes, whew, you got a lot going on! You have a messy divorce, you are crashing on a buddy’s couch, you have pain that is preventing you from sleeping well, and you are concerned that you may lose your job.” [Pause]
- **Patient:** “Yeah, I guess it’s a lot, but just gotta **push through**”.
- **YOU:** “I hear ya, that has been a strategy you have used for a long time. What are some other examples of ways that you have “pushed through?”
- **Patient:** “I was down range in the middle east, and we saw some nasty stuff; it’s part of the job and gotta keep going”
- **YOU:** “So you have seen some nasty stuff. Whew! I have only heard about stuff and never met anyone who was actually there. I hear ya, you have to push through that. What exactly do you have to push through?”
- **Patient:** “Some tough stuff. It’s hard to talk about it.” [OPTIONS]
- **YOU:** “I hear ya, let’s get back to figuring out how to tune this thing up so that you can stay with your guys”
- **Or YOU:** “I hear ya, I’m not an expert on that kinda stuff. How does this stuff impact sleep and pain? What are you telling your guys who struggle to talk about it?”

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62

## Biopsychosocial “intervention”

- Listening to what’s important (value criteria)
  - Staying connect to his unit and keeping his job
  - Pushing through as a strategy
- Empathy
  - I understand what is important to you
- Education
  - He understands the severity of his hip, and *likely as some level*, understands the sequelae of PTSD.
- Compliance
  - May adhere to the “mechanical” treatment plan, but he may be pressed to his limits with the culmination of stressors.
- 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 psychological stuff that is likely beyond your scope.
  - He has an Identity as a “health care provider” and can be used as an approach.
  - Hope as a foundation that his hip, although a difficult case, can improve
  - Guide him toward a comprehensive approach to serving his guys (being a servant to his guys)

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63

### Biopsychosocial "intervention"

**Biopsychosocial "intervention"**

- Listening to what's important (value criteria)
  - Pushing through to his end and keeping his job
  - Pushing through as a strategy
- Empathy
- Understand what is important to you
- Education
  - He understands the severity of his hip, and likely on some level, understands the sequelae of PTSD.
  - Compliance
    - He adheres to the "mechanical" treatment plan, but he may be pressed to his limits with the "push through" to the end.
- Strategies
  - Advise: Someone who is "on his side" to help him get what he wants.
  - Don't be afraid to "believe" in the real mechanical stuff, and the the psychological stuff that is **really** important to him.
  - He has an identity as a "health care provider" and can be used as an approach.
  - Hope as a foundation that he has, although difficult to see, can improve.
  - Guide him toward a comprehensive approach to serving his goals (being a servant to his goals)

- "I understand that it is important to perform at a high level so that guys can see that you are capable and ready to go. And your hip pain is starting to take its toll."
- "Not only is the trust in the unit important, but also keeping you going toward retirement."
- "Not only a pain in the butt from your hip, but it sounds like the divorce is a big thing too."
- "It's important to you to keep pushing to get through this".
- "As a medic, you know that sleep is critical for high performance, and there are a lot of good reasons guys who have seen some nasty stuff don't sleep well."

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64

### Biopsychosocial "intervention"

**Biopsychosocial "intervention"**

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- "As a medic, you know that sleep is critical for high performance, and there are a lot of good reasons guys who have seen some nasty stuff don't sleep well."

**What makes these or any statements "empathetic"?**

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### Biopsychosocial "intervention"

**Biopsychosocial "intervention"**

- Listening to what's important (value criteria)
  - Pushing through to his end and keeping his job
  - Pushing through as a strategy
- Empathy
- Understand what is important to you
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  - He understands the severity of his hip, and likely on some level, understands the sequelae of PTSD.
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    - He adheres to the "mechanical" treatment plan, but he may be pressed to his limits with the "push through" to the end.
- Strategies
  - Advise: Someone who is "on his side" to help him get what he wants.
  - Don't be afraid to "believe" in the real mechanical stuff, and the the psychological stuff that is **really** important to him.
  - He has an identity as a "health care provider" and can be used as an approach.
  - Hope as a foundation that he has, although difficult to see, can improve.
  - Guide him toward a comprehensive approach to serving his goals (being a servant to his goals)

- Be a GREAT Educator!
- Draw pictures of joint surfaces
- Explain how cartilage surfaces function
- Explain how subchondral bone supports to the cortex and how bones respond to loading
- How important recover is
- Explain "load dosing" and time it takes for bone to adapt.

- 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....

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### Biopsychosocial "intervention"

**Biopsychosocial "intervention"**

- Listening to what's important (value criteria)
  - Pushing through to his end and keeping his job
  - Pushing through as a strategy
- Empathy
- Understand what is important to you
- Education
  - He understands the severity of his hip, and likely on some level, understands the sequelae of PTSD.
  - Compliance
    - He adheres to the "mechanical" treatment plan, but he may be pressed to his limits with the "push through" to the end.
- Strategies
  - Advise: Someone who is "on his side" to help him get what he wants.
  - Don't be afraid to "believe" in the real mechanical stuff, and the the psychological stuff that is **really** important to him.
  - He has an identity as a "health care provider" and can be used as an approach.
  - Hope as a foundation that he has, although difficult to see, can improve.
  - Guide him toward a comprehensive approach to serving his goals (being a servant to his goals)

- Pain is the science of "thresholds". Because pain is a psychological event, all experiences contribute the threshold.
- He has a belief that "pushing through" is going to work.
- Pushing through what?
- You:** "What do they teach you guys about what PTSD can do to the body?"
- Patient:** "Yeah, they talk about it a lot, but not sure if that is my problem"
- You:** "I hear ya, not sure if is affecting you. How can it impact sleep...pain...etc.?"
- Patient:** "Yeah, there may be some stuff there, my soon to be ex said the same thing."
- You:** "It's a thing. A lot of attention on the topic...much more than before. It wreaks havoc on the important systems that help to maintain high performance...etc. **What do you think?**"
- You:** "If you were treating *one* of your guys, would you treat just part of them or would you want them to be whole and healthy?"
- Patient:** "Yea, I hear ya."

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67



### Biopsychosocial "intervention"

**Biopsychosocial "intervention"**

- Listening to what's important (value criteria)
- Showing respect to his work and keeping his job
- Pushing through as a strategy
- Empathy
- Understanding what is important to you
- Education
- He understands the severity of his hip, and likely as some level, understands the sequelae of PTSD.
- Compassion
- He understands the "mechanism" of treatment plan, but he may be pressed to his limits with the "mechanism" of treatment.
- Strategies
- Advise: Someone who is "on his side" to help him get what he wants.
- Don't let your ego get in the way! He has real problems.
- Don't let your ego get in the way! He has real problems.
- He has a foundation that his hip, although it could be treated with a comprehensive approach.

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- He has a belief that "pushing through" is going to work.
- Pushing through what?
- You:** "What do they teach you guys about what PTSD can do to the body?"
- Patient:** "Yeah, they talk about it a lot, but not sure if it's affecting you."
- You:** "It's a thing. A lot of attention on the topic...much more than before. It wreaks havoc on the important systems that help to maintain high performance...etc. *What do you think?*"
- You:** "If you were treating one of your guys, would you treat just part of them or would you want them to be whole and healthy?"
- Patient:** "Yea, I hear ya."

Do not PT-splain this guy

If is affecting you. ...fact sleep...pain...etc.?

Patient: "Yeah, there is some stuff there; my soon to be ex said the same thing."

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68

### Biopsychosocial "intervention"

**Biopsychosocial "intervention"**

- Listening to what's important (value criteria)
- Showing respect to his work and keeping his job
- Pushing through as a strategy
- Empathy
- Understanding what is important to you
- Education
- He understands the severity of his hip, and likely as some level, understands the sequelae of PTSD.
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- Collaborate: 'I'm on your side'
- Alliance: The difference between "You need to get this addressed" vs. "How can we get you ready for top performance?"
- What are all the components of achieving that performance?
- What might get in the way?
- What are the next steps...to create the best environment possible for what you want?
- Who do you know that could help us accomplish this?"

Exploring his 'map' on the topic.

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69

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- 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.

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70

## Your Skills

Empathy  
Listening for Values Criteria  
Reframing and summarizing  
Collaboration

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71

The case:

**Outcome:**

- Patient sought help from PTSD specialist
- Sleep started to improve
- Patched things up with his wife
- He stayed with our POC
- Moving better and although painful with some clicking, he is working without limitations.

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72

# Trauma

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73

## Trauma and Chronic Pain

- Working knowledge of how the brain operates
- ACE Score

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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

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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

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Thank you  
and  
Discussion



76

77