

V) The Art: Clinical Audit Process (CAP)

1. Activity Intolerances (AI)
2. Mechanical Sensitivity (MS)
3. Abnormal Motor Control (AMC)

Find what works – the patient should experience the results Clinical Audit Process (CAP)

- Within-session reassessment was shown to predict between-session improvement
- If post-tx audit of MS showed improvement those pts were at least 3.5X more likely to have between session improvement

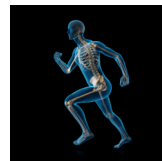
Hahne A, Keating JL, Wilson S. *Australian Journal of Physiotherapy* 2004;50:17-23.



1. Identify Activity Intolerances

- Goals & end points of care
- AHCPR “the goal of care should shift from relief of pain to reduction of activity intolerances associated with pain”
- Ongoing reassessment (Oswestry, NDI, PSFS, etc.)

What activities are most interfered with because of pain?



2. Mechanical sensitivity (MS)

- Find Out What They Don't Tolerate
- Movements or positions which reproduce, increase, or peripheralize pt's characteristic symptoms



Starting Point for Exercise

- This is the starting point of the prescription of the patient's office & self-care program
- It is empirically driven by RESULTS
- It is evidence-based, but more important it is patient-centered
 - Customized
 - Self-care oriented

Find what works – the patient should experience the results Clinical Audit Process (CAP)

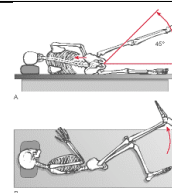
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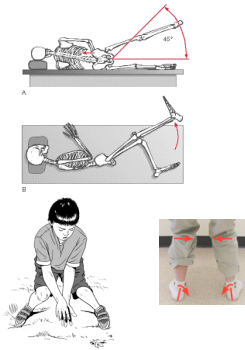
3. Abnormal Motor Control

- Consists of Faulty Movement Pattern & Muscle Imbalance
- Based on what Dr. sees
- & what patient feels



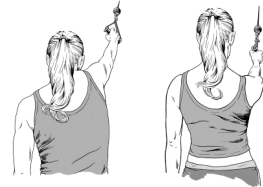
Based on What the Dr. Sees

- Sidelying hip abduction occurs primarily w/ cephalad shift of the pelvis
- Squat occurs w/ medial collapse of the knee(s) or slump



Based on What the Pt. Feels

- Pull Down is felt in upper traps instead of lats



Determining how to progress patients by assessment of abnormal motor control (AMC)

- The first sign of progress is that the patient's MS is reducing
- **To progress the patient** shift the focus to AMC findings
- Rx **functional stabilization training**
- Perform ongoing reassessment

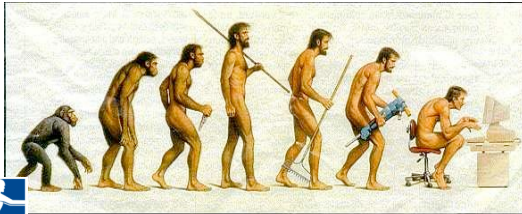
Fritz, O'Sullivan, Hides, Koumantakis

Identify the GAP

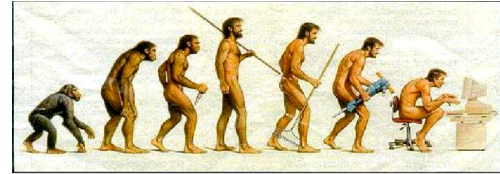
- Is there a gap between the patient's
 - Activity Goals
 - &
 - Functional Capacity
- Rehab closes the GAP!



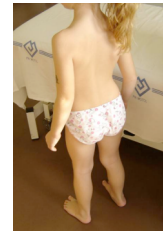
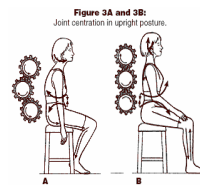
The Deconditioning Syndrome What happened & why?



Somewhere, something went terribly wrong



Somewhere, something went terribly wrong



Summary: The Continuum of Care Action Steps

- Identify **ACTIVITY INTOLERANCES**
 - Rx Sparing Strategies
- Identify **MECHANICAL SENSITIVITIES**
 - Rx Mobilization & Palliative Self-Care Strategies (e.g. McKenzie exercises)
- Identify **ABNORMAL MOTOR CONTROL**
 - Rx Functional Stabilizing Strategies

Clinical Audit Process (CAP)

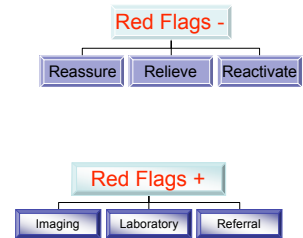
- Reassess, reassess, reassess
 - Initial tx determined by improvement in **MS**
- Progressions determined by **AMC**
- Always tx in the patient's **functional range** = appropriate movements w/out MS or AMC

Follow-up Progress Profile CAP

Concerns:	Abnormal motor control (AMC):
Activity intolerances (AI):	
Mechanical sensitivities (MS):	Self-Care exercises:

Practice Audit

- If “red flags” are not present - the patient should be **reassured** that the prognosis is good
- If “red flags” are present - the patient should be **referred for further tests or treatments**

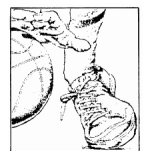


Red Flags Absent

- **Inflammatory** - everything is MS (usually acute)
 - Worse w/ movement
- **Mechanical** - something is MS
- **Sensitization** - nothing is MS (usually chronic)
 - Hurts constantly, but not worse w/ movement

Inflammatory behavior of symptoms

- Minimal improvement within session (MS)
- Gradual improvement between sessions (AIs)
- Minimal exercise Rx
- Good prognosis, but will take time



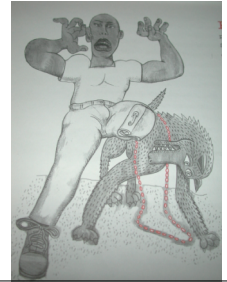
Mechanical behavior of symptoms

- Expect Dramatic within session improvement in MS
- Rx: Exercise & Manipulation
- Good prognosis

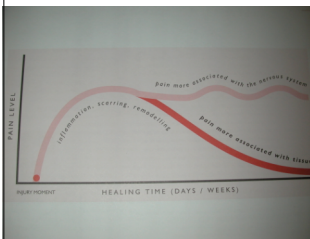


Sensitization behavior of symptoms

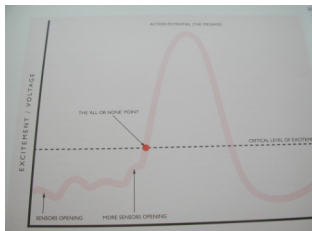
- Chronic patient
- Guarded prognosis
- Constant pain even recumbent or w/ rest
- CAP: AMC not MS
- Rx: Combined psychological, mechanical, nutritional approach
- Pain is real, not imaginary



- Pain is in the Brain
 - Dorsal horn (2° neuron)



- **Allodynia:** Pain to non-noxious stimuli (e.g. lower threshold)



Every Exercise is a Test





Every Exercise is a Test
Maybe exercises are the best
functional tests?



The right-hand section contains three photographs and a logo. Top left: A woman in a black tank top and leggings performing a plank on a red mat. Top right: A person in a black shirt and shorts performing a deadlift with a barbell. Bottom: A person in a black shirt and shorts performing a sit-to-stand test on a red mat. The ISCRS logo is located in the bottom left corner of this section.