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Cover Page Footnote

I would like to thank the CHKD Sports Medicine specialists I was fortunate to learn from, especially my supervisor, Kristyn Anselmo, DPT, and my department manager, Chris Bertani, DPT, who provided me with this opportunity. I would also like to thank Dr. Maynard Schaus, for his editorial help and for advising me through this experience.

Transitioning to the Role of a Professional Through Community Engagement

By: Brittany Wentzel

INTRODUCTION AND PAST EXPERIENCES

“Six to eight months of physical therapy.”

Those were the words from my orthopedic surgeon when I tore my anterior cruciate ligament (ACL). My heart sunk and tears were pouring down my face as I knew my senior soccer season was over. While I was distraught at the time, I was unaware that this injury would ultimately lead me to the career I wanted to pursue in the future. Following surgery, I had to go to physical therapy to improve my strength and function. Initially, I was unfamiliar with the field of Physical Therapy. As my therapy continued, my knowledge as well as my newly sprouting passion for the recovery process grew. During my experience, it became evident that Physical Therapists have a desire to improve the health of their patients through education and strength-building, enabling them to return to their daily lifestyles. I realized that I wanted to have the same positive impact on others that my therapist had on me. Therefore, I committed myself to learning about the profession by observing at different physical therapy clinics over the past five years.

As an undergraduate, I volunteered at nursing homes, outpatient private practices, and acute long-term care hospitals. At each clinic, I shadowed a Physical Therapist and helped with small tasks, such as folding linens and cleaning tables, but did not work hands-on with the patients. While volunteering, I noticed many differences in injuries across age groups, and thus, different rehabilitation programs to treat each diagnosis. For example,

rehabilitation programs for geriatric patients typically focus on functional exercises, gait training, and bed mobility. Fall-related injuries and mortality in older adults are major health care concerns. Therefore, it is a Physical Therapist's priority to restore the patient's strength, balance, and function to prevent the risk of falls (Hirase et al., 2015). While shadowing at a nursing home, I saw firsthand how physical therapy can reduce the risk of falls and hospitalizations.

I observed another population of patients at Lake Taylor Transitional Care Hospital in Norfolk, VA. Here, the Physical Therapists treated the acute stage of patients' injuries. The most common diagnoses were hip and knee replacements for patients between 50-70 years of age. Our goal was to help the patients transition to their home and continue therapy in an outpatient clinic. It was my responsibility to help transfer patients from their hospital bed to the therapy gym and assist the therapists with balance and gait training. As I continued to shadow the Physical Therapists, I recognized how this clinic differed from the nursing home. However, these were only two patient populations and I knew there was much more to learn.

HANDS-ON EXPERIENCE WITH PEDIATRIC PHYSICAL THERAPY

Entering my senior year at Virginia Wesleyan College, I began an internship with the Children's Hospital of The King's Daughters (CHKD). At CHKD, I worked as a Rehab Aide in the Sports Medicine Department. This department focuses on the prevention, diagnosis, and treatment of acute and chronic injuries which were often sports-related. The most common diagnoses were ACL repairs, concussions, ankle sprains, and back injuries. In fact,

I was surprised how common overuse back injuries were in children as I expected those types of injuries to be more prevalent in the geriatric population.

Throughout my internship, I worked under the supervision of multiple Physical Therapists. When a Physical Therapist was scheduled to treat two patients at a time, it was my responsibility to assist by working with one of their patients. Following their directions, I would take the patient through the rehabilitation program by demonstrating exercises and correcting improper technique. Instructing patients was beneficial to both the patient and me. More patients were seen with my assistance while I gained knowledge on the exercise programs and how to communicate with the therapists about the patient's progress. In addition to working with patients, I performed various tasks to maintain the order and cleanliness of the clinic, such as cleaning equipment and checking emergency equipment to ensure the safety of our patients and staff. I assisted the front office staff by filing charts and answering the phone to help maintain the flow of the clinic. I quickly learned to develop communication and teamwork skills to work with the entire staff to provide optimal care to our patients. With a broad set of responsibilities, including hands-on patient care, this opportunity was the most beneficial compared to my previous shadowing positions.

REHABILITATION PROGRAM FOR AN ACL TEAR

ACL reconstructions were one of the more common injuries I helped treat as a rehab aide, and thus, I became very familiar with the rehabilitation for this injury. After personally tearing my ACL, I gained an interest in helping athletes rehabilitate their reconstructed ACL. The protocol for an ACL reconstruction consists of a range of motion exercises,

neuromuscular rehabilitation, strength and balance training, and progresses to sports-related exercises. (Lynch et al., 2017). Ultimately, the goal is to restore the patient's function to their pre-morbid level. However, there are specific precautions and criteria that must be followed to protect the healing tissue and prevent injury to the knee joint (Lynch et al., 2017).

During this process, one technique we used was neuromuscular electrical stimulation (NMES), which has been shown to improve quadriceps femoris strength and physical function (Hauger et al., 2017). I observed firsthand how beneficial NMES is for ACL reconstructions, and I plan to implement this evidence-based treatment into my practice when I am treating patients in the future. This modeling of evidence-based practices in clinical internships has been shown to help physical therapy students be more competent in using research to guide their interventions (Sabus 2008).

While interning at CHKD, I was fortunate to observe both physical therapy on land and in the pool. In aquatic therapy, the therapist may use water resistance to enhance proprioception, balance, and proper running form without bearing full body weight. Physical Therapists may also use the AlterG anti-gravity treadmill to transition the patient to running on land. Another innovative machine I learned to use was a Biodex Isokinetic Dynamometer, which measures muscle strength and detects strength deficits between limbs (Sinacore et al., 2017). In the ACL protocol, the patient must obtain a certain percentage of quadriceps strength compared to the non-injured leg before advancing to the next phase. Quadriceps strength is critical because asymmetries can negatively impact the patient's function, gait, and athletic performance and lead to additional injuries (Sinacore et al., 2017). While the Biodex provided the therapist with concrete values to illustrate progress, it was

also beneficial to the patient. It demonstrated how physical therapy is helping the patient get stronger and provided them with an incentive to reach the strength of their non-injured leg.

In addition to helping patients get stronger, one of the most imperative roles of a Physical Therapist is patient education. As a rehab aide, I had an important role in educating the patient on how to properly perform exercises and prevent recurrent injuries. As I treated these patients, I learned how to teach them proper jumping, landing, and cutting techniques during return to sport drills to prevent a recurrent ACL tear. I am now able to demonstrate various exercises, understand the specific muscles each exercise strengthens, and educate the patient on proper technique. This knowledge is great preparation for my graduate studies and my work as a future professional.

HEALTHY YOU PROGRAM

CHKD is the community's largest health provider aimed at helping children of all ages overcome developmental disorders or injuries. During my internship, I had the opportunity to work with CHKD's Healthy You for Life program. This program was developed to improve the health of overweight children (CHKD, 2014). Parents and children work together with physicians, exercise specialists, and dietitians to help the child with emotional support, food planning, and physical activity. Part of this program included group fitness classes where the children in the program interacted with each other during physical activity. It was my responsibility to help plan the exercise program for each session. Most of the children were not motivated or eager to exercise. However, I found that participating in the activity with them was more effective than just verbal coaching. One study of physical

activity in urban African American adults found that family support encouraged physical activity as children were even motivating parents and grandparents to be active (Healey et al., 2013). At CHKD's Healthy You for Life program, parents were encouraged to participate in the session with their child as we also believed family support motivated both the child and parents to engage in physical activity.

Through this program, I learned about the variety of backgrounds and family support each of the children had. Some came from a low socioeconomic class, whereas others came from a higher socioeconomic class. Some had divorced parents while others suffered from low self-esteem. Working with these kids helped me become more culturally competent and taught me how to communicate with each child who was very different from the next. Working with this program gave me the opportunity to educate children in the community on why dieting and exercise is so important as well as learn ways to help improve the health of overweight adolescents.

CHALLENGES

Although I gained knowledge during my internship to help prepare me for my future profession, I also found many challenges to working in this type of setting. One of the biggest challenges I faced while working in pediatrics was learning how to explain the intricate concepts of human anatomy and physiology simply, so that a child would understand. It was also difficult to decipher truth from exaggeration because children may exaggerate exactly how bad something is. For instance, it was my responsibility to ask the patient to rate their pain on a scale from 0 to 10, and some children rated themselves at a 10

when they were not actually in that much pain. However, these challenges only further enhanced my communication and observational skills as I learned how to connect with the patients at their level of understanding and decipher their actual pain level. I often showed the patients a visual analogue scale which illustrated facial emotions correlating with each number on the scale. These challenges helped me adapt my communication skills to interact with patients of all ages.

CONCLUSION

My year-long internship further confirmed my passion for the field of Physical Therapy and gave me a new perspective on the various sub-fields of Physical Therapy. Working with the pediatric population, I developed interpersonal skills as I learned how to communicate with patients, families, and health care providers at a professional level. Furthermore, I improved my observational skills as I evaluated patients' progress during each visit to report my findings to the therapist. During this internship, my mentors gave me the opportunity to apply the knowledge I gained in my undergraduate experience and previous shadowing experiences and to take this knowledge to the next level (Plack 2008). It has been shown that past experiences, such as my injury and my shadowing opportunities, can help facilitate learning in a clinical setting (Plack 2008).

I strongly encourage programs that lack internships in their curriculum to consider the value that comes from this experiential learning. Internships provide students with clarification on their career choice and push students to take what they have learned in the classroom and apply it to situations in the work field (Bay, 2006). In my case, I learned the

anatomical structures of the human body during my coursework, but it was not until my internship that I applied this knowledge as I learned how to strengthen specific muscles with exercise. This type of early exposure to clinical learning can help students better transfer classroom knowledge into professional practice (Hakim et al. 2014). Another value of internships is learning how organizations work from within (Bay, 2006). My experience helped me learn from my surroundings and apply what I observed from other professionals. In addition, internships require the student to take on the role of a professional while still receiving guidance from a supervisor (Bay, 2006; Plack, 2008). At first, I did not realize how much of an impact this internship had on me. However, my internship further solidified my decision to become a Physical Therapist. It was heartening to watch ACL patients progress from not being able to bend their knee to return to full activity. When I was in their shoes as a patient, I remember how thankful I was for my Physical Therapist who pushed me to get me back to the sport I love. I hope I had the same impact on the patients I worked with at CHKD.

Furthermore, while my internship improved my clinical skills and encouraged professional growth, it also benefitted the community. I was able to educate youth on the benefits of exercise and how exercises should be performed to prevent recurrent injuries. In addition, my position allowed the clinic to process more patients and maintain maximum efficiency by allowing therapists to treat two patients at a time. This enabled more patients to receive additional visits, while it also benefitted me as I was learning from the professionals simultaneously. I have recently started the Doctor of Physical Therapy Program at the University of Pittsburgh. I am eager to begin this new journey and come one step closer to

the career I have been so passionate about for years. I look forward to carrying the skills I gained from this experience with me throughout my career as a Physical Therapist.

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