



O&P Synergy: Join Forces With Physical, Occupational Therapy

In the second installment of this series, *O&P Business News* explores the benefits — and challenges — of working with physical and occupational therapists.

April 2011 - The professional relationships that O&P practitioners form with physical and occupational therapists are some of the most important, and also most delicate, in the rehabilitation process. The success of the patient relies heavily on O&P practitioners' ability to put aside pride and inflexibility to work with physical therapists and occupational therapists toward the best possible patient outcomes.



When these professionals work in sync, however, the synergy created works magic for the patient.

Collaboration

Beginning early on in his career, John M. Miguelez, CP, FAAOP, founder and president of Advanced Arm Dynamics headquartered in Redondo Beach, Calif., realized that occupational therapy would be an integral part of his patients' lives.

“It became clear that a comprehensive approach was better patient care and ended up with a better result and a happier patient,” he said.



**John M.
Miguelez**

Collaborating with a therapist is key to success especially when introducing new upper extremity devices and other technology, Miguelez said.

“When we’re working with patients and they’re [testing] a new hand, wrist or elbow, we work as a group that includes the therapist, prosthetist and often someone on the psychosocial side that can help. That whole team really works much more efficiently and allows us to identify key things to help the patient maximize their function,” he said.

By including the OT and even a psychosocial practitioner like a counselor in the prosthetic fitting, patients receive a more well-rounded assessment than if they had to see each of those practitioners separately.

“It’s a well-choreographed dance,” he added. “The different perspectives that each discipline brings provide a better final result.”



Tiffany Ryan

Tiffany Ryan, MOT, OTR/L, CSCS, rehabilitation coordinator for Advanced Arm Dynamics’ Southwest Center of Excellence in Irving, Texas, said that her 15 years of experience with the [multidisciplinary](#) groups allow her to share the benefits that come from collective expertise.

“I have the unique opportunity to work with prosthetists on a daily basis and am grateful for the clinical knowledge and ingenuity they bring to patient care,” Ryan said. She said she enjoys the opportunity to closely work with prosthetists in the clinical setting, and appreciates their knowledge.

“Our professions are a complement to one another,” she said. “Developing a strong knowledge of each practitioner’s skill set allows for an ideal clinical collaboration to best meet the needs of our patients.”

Open communication

For Kevin Towers, CPO, vice president of prosthetics for Prosthetic Orthotic Solutions International (POSI), a Physiotherapy Associates company, located in Marlton, N.J., the therapist/practitioner admiration is mutual.

“I don’t think I’d be as effective in my outcomes with my clients if I didn’t have a good resource for therapy,” he said.



**Kevin
Towers**

Towers went so far to say that his relationships with physical therapists are the most closely knit of all practitioners he works with when treating amputees. A good therapist with previous prosthetic experience will question and encourage an O&P practitioner; Towers said that, although some practitioners may feel threatened by that pressure, he takes it as the drive to do more for the patient.

It is pertinent to the team's success that all parties involved abandon their egos and be open to communication as a way to achieve the best result for the patient. It may sound simple, but the level of passion health care professionals bring to the table often leads to misplaced blame.

The problem, Miguelez explained, lies in the fact that, after O&P practitioners have worked diligently to fashion the best device for their patients, it is difficult to hear from the therapist when the patients are not progressing in their recovery. Developing a working relationship with the therapist makes it easier to accept the news that the patient needs to try a different interface or to have an adjustment on the device.

Benefit to patients

For both upper and lower extremity patients, Miguelez and Towers agreed that working with a team that includes PTs and OTs in the process expedites positive outcomes.

Instead of waiting for patients to visit with their therapists before returning for adjustments — or spending time acting as a therapist to train patients on the basics of using the device before even being able to make those adjustments — practitioners who include therapists in that process can focus on O&P-related steps.

The team members at Advanced Arm Dynamics work together to get patients through the expedited fitting process and into a preparatory prosthesis within just a couple of days, Miguelez said. The therapists then work with the patients on things like range of motion, control and posture; prosthetists are on hand to make adjustments to prevent any delays in the rehabilitation process.

“It’s the glue in the whole thing,” Towers said. “It keeps the dialogue and the rehabilitation process moving along at an accelerated pace.”

When a number of goal-oriented professionals collaborate and streamline a host of processes, things get accomplished, he told *O&P Business News*. Patients are able to reach their endpoint sooner than if they had to coordinate their own care, or be torn between professionals who were unable to agree on a method of care.

“I feel like there is a much higher percentage of realizing the list of short-term and long-term goals when you have that relationship in place,” he said.

These professionals are able to feed off each others’ creative energy as well, which furthers positive results for patients, Miguelez said.

“As much as I’ve worked with therapists and think that I know them, I’m always fascinated that the questions that I will ask a patient are different from the questions that a therapist will ask,” he said. “When you combine all those questions and answers, you get a broader understanding of the patient.”

Ryan emphasized a strong partnership between the two professions as a way to increase treatment options for patients. The team members’ ability to discuss changes in treatment to match the patients’ individual needs creates more customized outcomes.

“My relationship with our team’s prosthetists allows patients to meet their highest level of functional independence,” she said.

Relationship strain

The equation is simple: Those practitioners who have worked with allied health professionals to create a situation of mutual respect and cooperation are able to share the responsibility of treating patients with people who have the same goals in mind. The level of collaboration varies depending on whether the PTs and OTs are housed within the O&P business or are outsourced.

But, overall, the key to this professional harmony lies in the ability to work toward the same end result. Two parties pulling a patient in separate directions cannot result in a unified outcome.

This professional relationship often begins to struggle when the patient does, Towers said, and the tendency to feel threatened in this way typically comes from O&P practitioners and not allied health professionals. If a patient is having issues with the design, fit or alignment of an interface, for example, he or she will not be able to advance in the rehabilitation process. At that point, the PT or OT may note this in the patient’s records, calling on the prosthetist to fix the issue. If the O&P practitioner interprets this as personal criticism instead of a factual piece of patient care information, it can create stress within the professional relationship.

“If there’s inflexibility or if the practitioner feels threatened by the recommendation or by the commentary that the therapist is making, even though there is absolutely nothing

but a straight objective viewpoint of that client's ability, that's when they get into these stressful relationships," he said. "They get kind of standoffish."

Miguellez said that Advanced Arm Dynamics operates under one agenda — to treat patients — not a therapeutic agenda and a prosthetic agenda.

"Does that mean that we have stimulating conversations? Absolutely. Does that mean that we push each other? Absolutely," he said.

Not everyone thrives in this environment, Miguellez said, but finding employees who do creates an environment where patients receive treatment from practitioners who excel in their fields. Everyone wins.

Team mindset

For O&P professionals to trust allied health providers, they must let down their guard and develop a rapport. It is that personal touch, however, that leaves both sides open to sensitivity in disagreements.

Towers said that he thinks it is "crazy to not want to embrace that relationship" with PTs and OTs.

"Every prosthetist feels like they do a better job than everybody else, but I feel that a big differentiator that I have is my relationships with my physical therapists and the parts that they play in my success," he said.

It helps if O&P practitioners, PTs and OTs have a thick skin and can see constructive criticism as a way to improve treatment for patients.

"I think a lot of people agree on principle or in the abstract that it's beneficial to work with a therapist, but in reality it's a little bit more challenging," Miguellez said.

Business owners would have to consider hiring a PT or OT, and then determine whether the investment is worth the expense.

"As an organization, we've found that one of the best investments we've ever made — to have that therapy component — because our patients just do so much better," he said.

In-services and conversations with the therapy team are ways for O&P professionals to demonstrate their skills and training to allied health professionals, Ryan said.

“A teaming of the two professions is meaningful and worthwhile,” benefitting clinicians just as much as the patients they are treating, she said. “In my current clinical setting, my collaboration with our prosthetists is so rewarding. I am evolving clinically and expanding my clinical skills.”

She said she welcomes the challenge to increase her patients’ functional success.

Towers agreed that the benefits far outweigh the effort necessary to develop these relationships.

“I think that the less educated somebody is about the potential windfall you get from that relationship, the less likely they’re going to be to develop one,” he said. “We put up our bricks and mortar and we want to stay within our comfort zone ... we need to get out there and follow our clients to the next step. That’s a good starting point.” — *by Stephanie Z. Pavlou*