

## **Chapter 2: Making Clinical Decisions: A Path to Optimal Therapeutic Plan and Outcomes**

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### **Multiple Choice**

1. The International Classification of Functioning, Disability, and Health (ICF), is a biopsychosocial model of health. A biopsychosocial model defines disability as an interaction between:

- A. Health-care providers, third-party payers, and consumers
- B. An individual's impairments, activity limitations, and participation restrictions
- C. An individual's functioning, disability, and health
- D. The individual, environment, and society

ANS: D

Rationale: In contrast to other models, the ICF is a biopsychosocial model where disability is defined by an interaction between the individual, environment, and society.

2. The Patient Management Model from the *Guide to Physical Therapist Practice* describes six interrelated steps to assist therapists in decision-making. In this model evaluation is:

- A. The process of obtaining a history, performing a systems review, and administering tests and measures
- B. A dynamic process where the physical therapist makes judgements based on the information gathered from a patient
- C. Determining the optimal improve a patient will attain through intervention
- D. Organizing information gathered from a patient into clusters, syndromes, or categories

ANS: B

Rationale: Examination of the patient includes patient history, relevant systems review, and tests and measures (APTA, 2015). Reviewing medical records and conducting the patient interview provide information about the patient's past and current health status.

3. The process of making clinical decisions continues throughout a patient's episode of care. Determining a patient prognosis is one of these decisions. Which factors listed below are positive prognostic factors that can assist in making predictions about the outcome of a patient with a stroke?

- A. A high initial level of physical functioning
- B. Greater than 6 months since injury
- C. Multisystem comorbidities

D. Older age

ANS: A

Rational: A high initial level of physical functioning is a positive prognostic factor, whereas a low level of physical functioning is a negative prognostic factor.

4. A physical therapist is working with a 5 year-old girl with cerebral palsy in a school setting. The primary outcome, which has been identified by the IEP team, focuses on her need to ascend and descend the steps in the school so she may transfer safely between classrooms on different floors. The most measurable and objective goal would be:

- A. The student will demonstrate the ability to ascend the school stairs.
- B. The student will demonstrate the ability to ascend and descend stairs.
- C. The student will demonstrate the ability to ascend one flight of stairs (8 steps) reciprocally with the use of one railing in her preferred hand and descend one flight of stairs (8 steps) nonreciprocally with the use of one railing in her preferred hand in an open school environment.
- D. The student will demonstrate the ability to ascend one flight of stairs (8 steps) reciprocally with the use of one railing in her preferred hand and descend one flight of stairs (8 steps) nonreciprocally with the use of one railing in her preferred hand with the assistance of her aide.

ANS: C

Rationale: This choice includes the specific criteria needed to determine whether the student attained the goal. It describes the type of pattern (reciprocal and nonreciprocal), the degree of support (one railing), and the performance environment (open).

5. A physical therapist is working with a 45 year-old female (Stephanie) with multiple sclerosis in the home setting. The long-term goal (LTG), which has been identified by the team is: Stephanie will ambulate over unlevel surfaces, such as grass, for a distance of 250 ft within 4 weeks. Currently, she is able to ambulate over level surfaces, such as hardwood flooring, for 50 ft before fatigue sets in. The most efficient, measureable, and objective short-term goal (STG) would be:

- A. Stephanie will ambulate over unlevel surfaces such as grass, for a distance of 50 ft within 2 weeks.
- B. Stephanie will ambulate over unlevel surfaces such as gravel, for a distance of 50 ft within 2 weeks.
- C. Stephanie will ambulate over level surfaces such as hardwood flooring, for a distance of 250 ft within 2 weeks.
- D. Stephanie will demonstrate the ability to ascend and descend stairs.

ANS: A

Rationale: The LTG is for Stephanie to ambulate over unlevel surfaces, such as grass, for a distance of 250 ft within 4 weeks. The first STG includes the same surface characteristics as the LTG, but a shorter distance to account for fatigue.

6. Following the development of patient-centered goals and outcomes, the physical therapist designs a treatment intervention. The physical therapist must consider the following as he/she designs the intervention.

- A. Patient's needs and participation level in the intervention
- B. Patient's diagnosis
- C. Evidence supporting the ability of the intervention to remediate deficits, address patient's needs, and promote patient participation
- D. Patient's participation level in the intervention and relevant evidence

ANS: C

Rationale: Based on the need for interventions to be evidenced-based and patient-centered, and not diagnosis driven the key factors that should be considered when planning an intervention include evidence supporting the ability of the intervention to remediate deficits, the patient's needs, and ability to participate.

7. A physical therapist who is working in an inpatient rehabilitation setting with a patient who has suffered a stroke, resulting in right-side weakness in the upper and lower extremities, and receptive and expressive issues must consider which of the following as he/she designs the intervention process?

- A. Patient education strategies
- B. Evidenced-based procedural interventions
- C. Documentation of patients' participation level in the intervention
- D. Patient-centered plan of care, which encompasses coordination and collaboration across professionals, documentation, patient and family education, and assessment of evidenced-based procedural interventions

ANS: D

Rationale: Patient-centered plan of care, which encompasses coordination and collaboration across professionals, documentation, patient and family education, and assessment of evidenced based procedural interventions, offers the most complete items for consideration when designing interventions.

8. Mr. M, the patient with Parkinson disease described in this chapter is seeking physical therapy because of concerns about falling. Review the patient's history and interview. What are two factors that support a positive prognosis for Mr. M.?

- A. Mr. M has no comorbidities and his daughter can transport him to therapy session
- B. Mr. M was diagnosed with Parkinson disease 13 months ago and he is retired
- C. Mr. M takes only one medication and he climbs stairs daily to his second floor bedroom
- D. Mr. M can still manage his activities of daily living (ADLs) and he is married

ANS: A

Rational: Because Mr. M has no comorbidities and his daughter can transport him to therapy sessions, these factors suggest good family support. Table 2-1 lists positive and negative prognostic factors.

9. Gentile's taxonomy can be used to guide task analysis to determine how characteristics of the task and environment influence an individual's functional movement. Mr. M reported difficulty walking on unlevel surfaces, such as grass. Using Gentile's taxonomy this task would be classified as:

- A. Body transport in a moving environment
- B. Body transport in a stationary environment
- C. Body stability in a moving environment
- D. Body stability in a stationary environment

ANS: B

Rational: Ambulation is a body transport task. Because Mr. M did not report the movement of other people or objects around him, the environment is stationary. This means that body transport in a stationary environment is the correct answer.

10. Which statement best describes clinical decision-making?

- A. A cognitive process that guides the ongoing acquisition, recall, sorting, and prioritizing of information regarding clinical decisions
- B. A deliberate process or set of processes that result in decisions toward the delivery of optimal patient-centered intervention.
- C. The ongoing decision process that guides development and adjustment of a patient's plan of care.
- D. The process that enables therapists to draw conclusions and make judgments and decisions that lead to the plan of care and outcomes assessment.

ANS: B

Rational: Clinical decision-making as presented in Chapter 2 is defined as a deliberate process or set of processes that result in decisions toward the delivery of optimal patient-centered intervention.