

Feasibility of implementing psychologically-informed physical therapy for musculoskeletal injuries at shore-based outpatient clinic

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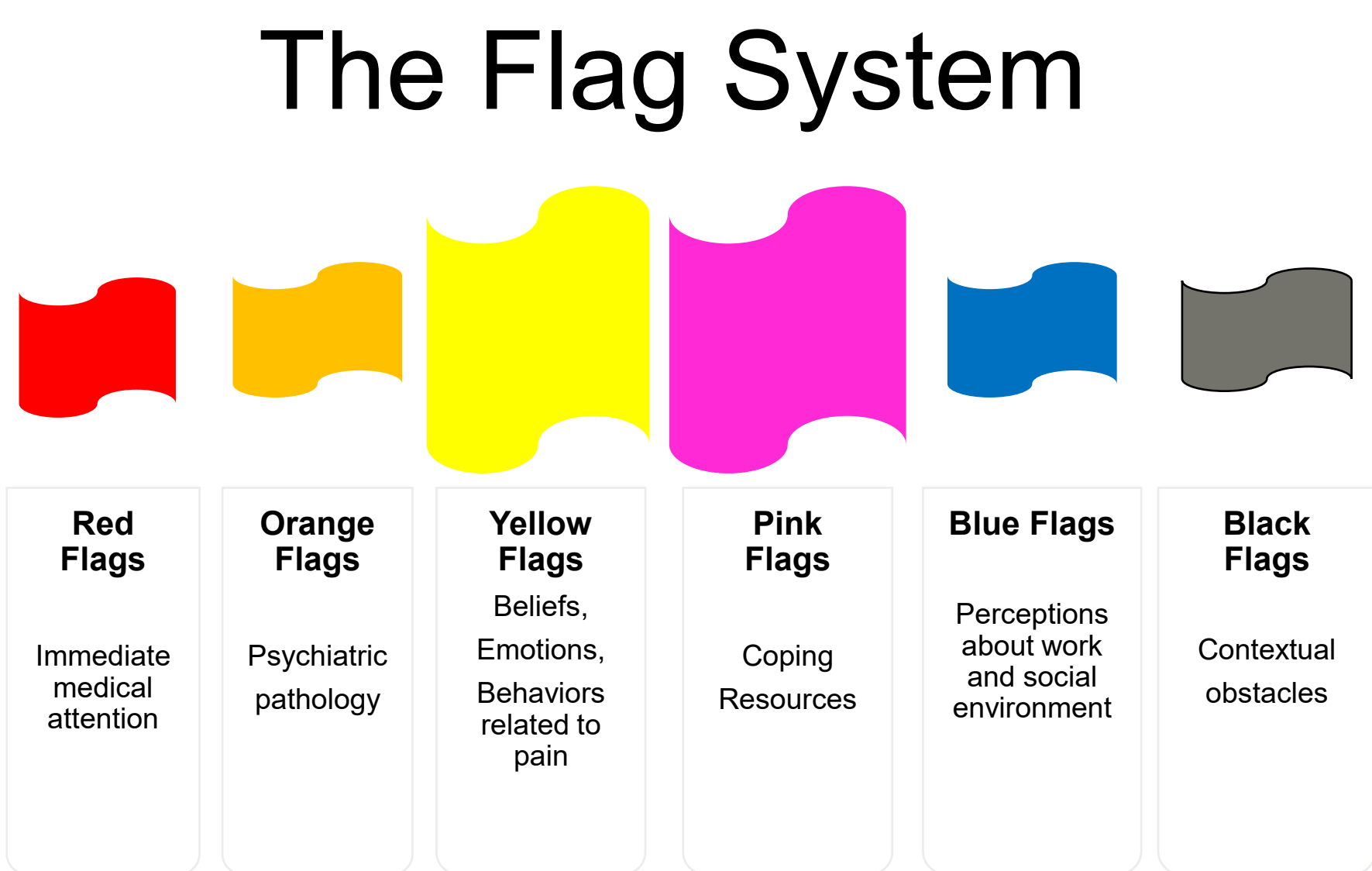
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INTRODUCTION
Musculoskeletal injuries (MSI) are common in Navy active-duty service members (ADSM) and a leading cause of work loss and separation. Psychological risk factors are associated with delayed recovery in military populations. In addition, psychological factors predictive of good outcomes have been identified. Psychologically-informed physical therapy (PiPT) is an approach that aims to reduce MSI disability by addressing these factors during functional restoration. Physical therapists (PTs) trained in PiPT can identify psychosocial factors associated with chronicity and develop a plan of care that reflects a biopsychosocial understanding of disability. Our research team previously demonstrated the feasibility of training military PT staff onboard a Navy aircraft carrier in PiPT. The current study sought to establish feasibility of implementing PiPT at a shore-based setting to generalize our previous findings..
METHOD
Fifty-eight PT staff were trained in eight separate training sessions. This was a hybrid course, with a 2-hour web-based pre-course and a day-long interactive component. PT staff completed a quiz at the end of the pre-course. Furthermore, the staff was given case studies as homework following the interactive component and evaluated on the accurate identification and management of relevant psychological factors. In addition, learning was also assessed through the trainees’ confidence in their ability to implement PiPT. We also assessed PT staff’s clinical progress notes for the documentation of relevant factors and how each was addressed by the physical therapist using the same criteria described above for case study assessment.

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Training Syllabus: Psychologically-Informed Physical Therapy	
I) BASIC KNOWLEDGE	III. SKILL DEVELOPMENT IN ADDRESSING YELLOW FLAGS
1. Models of pain and disability	11. How to educate the patient at risk
2. Pain pathways	12. How to communicate with the patient at risk; Motivational Interviewing tools
3. Evidence based predictors of disability	13. How to implement a plan of care a. Using CBT techniques in practice b. Combining CBT with behavioral approach to treatment
4. Use of the flag system	IV. DOCUMENTATION
5. Evidence based treatments for the prevention of disability	14. Standardizing evaluation and progress notes
6. Principles of cognitive behavioral management in physical therapy practice	15. How to evaluate patient progress
II. ACCURATE IDENTIFICATION OF YELLOW FLAGS AND OTHER RISK FACTORS	V. CASE STUDIES AND ROLE PLAYING
7. Use of questionnaires to assess yellow flags and other risk factors associated with disability	16. Bringing it all together
8. Assessing the risk factors using the clinical interview	
9. Use of risk factors to develop a plan of care	
10. Triaging based on the flag system	



RESULTS
- All trainees exceeded the cutoff for a passing score (80%) on the knowledge quiz before attending the interactive session of the training (83%, N=48 on their first try) - The median case study score was 2/3 (IQR=1,3) - The median confidence rating was 5.5/7 (IQR=5,6) - Review of random clinical progress notes showed no statements reflecting the detection or treatment of yellow or pink flags
CONCLUSIONS
Overall, while we found evidence that PT staff are able to learn PiPT principles and demonstrate their knowledge and skills during the training, we were unable to document that they were used in actual clinical practice.
Time constraints impacting length of training, and lack of opportunity for follow-up with trainees may have all played a role in our findings and should be considered in future studies.
DISCLAIMER and SUPPORT
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The views expressed in this abstract are those of the authors and do not necessarily reflect the official policy or position of the Navy, Department of Defense, or the U.S. Government.