

From Assessment to Prescription: Are We the Best We Can Be?



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FOR YEARS NOW, I have been assessing clients for seating and mobility as well as helping clinicians and RTSs enhance their skills in this specialty area. Every day, I learn something new, and most days I share my mistakes with those new to this area of clinical practice in the hope that the repetition of these mistakes will be reduced! Our industry is going through some big changes,

but the issues I wish to address stay relevant regardless of industry change.

One of the issues I see repeatedly is our inability to stick with the facts and identify causes of patient discomfort

rather than get bogged down in the symptoms reported by our clients. Sometimes we fail to see the limitations of technology and recognize when “enough is enough” and perhaps that the solution lies outside of the parameters of the seating equipment.

Have you ever thought about seating as a footprint? When assessing our clients for seating, would it help to think about the potential seating footprint? What would an optimal footprint look

like—or does one even exist? Have you ever wondered if we more often reach for bandages than for real solutions? Do we even see the difference? Do we recognize symptoms and are we able to clearly identify the cause or the source behind the symptom?

When writing justification letters, have we provided clarity on the facts and reduced the story?

Have we left the reader with a clear picture of the consequences to the client in the absence of having the recommended equipment? Have we specified that the recommended equipment is in fact the minimal equipment essential to this client, that policy has been adhered to and that what we are recommending is in fact the least costly alternative? Have we demonstrated how we have ruled out anything lesser? You can break this process down into three steps:

- Diagnose the cause before developing a treatment plan, going AGAINST our initial response to just react to the symptoms that present themselves. To diagnose, use the appropriate tools with which our professionals should be very familiar (i.e., a mat evaluation, etc.).
- For supporting documentation, clearly ARTICULATE AND

CONNECT the diagnoses and presenting posture, function and skin analysis to the treatment plan put forward. Use the correct clinical terms and descriptors, pointing out how the plan fits with policy.

- DETAIL which equipment is essential to meet the need and state that anything else would have a high likelihood of failing. Include an explanation of potential consequences of failure.

Questions, questions and more questions. I don’t for one second claim to have all the answers, but I certainly enjoy challenging each of us to think outside of the box and ask ourselves, “Are we the best we can be, and have we represented the clients in the best possible way” when it comes to the selection of the equipment that they rely on to live a quality life?” Let’s take a closer look at that three-step process.

First: Diagnose the cause before developing a treatment plan, going AGAINST our initial response to just react to the symptoms that present themselves.

This is contributing to the sliding out of the chair”? My guess is that the more typical is the first example. Let’s break this down. “The client is sliding.” Now, if we just thought about that, we might find ourselves reaching for

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