



ptaviewpoint

by Elena Krohn, PTA

Many Happy Returns

A day in the life of a PTA working in neuromuscular physical therapy.

I roll over in bed just as the alarm clock lets me know that it is 6 am. I run to the shower, get dressed, feed the cats, eat breakfast, make my lunch, and drive to work.

Before I've even clocked in, the receptionist tells me that the patient scheduled for 8 am has been here for 40 minutes and is a bit upset that the physical therapist (PT) is late. The receptionist also hands me notes that tell me to call a doctor's office and a client. I clock in, take off my coat, put my lunch away, and grab the chart of my day's first client. It is 8:02. "Good morning! I'm Elena, and you must be . . ."

From this point on, my day will be filled working with clients who hope to mitigate the lasting effects of CVAs (cerebrovascular accidents), TIAs (transient ischemic attacks), TBI (traumatic brain injury), ruptured aneurysms, bacterial/fungal/viral infections, encephalopathies, acute polyneuritis, demyelinating diseases, vestibular dysfunctions, Parkinson disease, and a multitude of pain symptoms. I work in an outpatient hospital-based rehab unit in which patients cope with these diseases and many others.

For the past 2 years, I've had the privilege of teaming with and working under the supervision of Rob Cook, PT, whose can-do attitude and wealth of knowledge have facilitated expansion of the scope of services we provide to in both our inpatient and outpatient clinics to people with neurological dysfunctions. Thanks to Rob's instruction and mentorship, I have become skilled

in neurodevelopmental training (NDT) techniques. The interventions and exercise programs designed specifically for each have resulted in amazing outcomes. Before I assumed this role, I wouldn't have thought I'd enjoy working exclusively with patients who have neurological dysfunction, but I love it! Each hour, each day is different and exciting.

With Rob's oversight, I have the opportunity to implement other neuromuscular facilitation techniques designed to maximize the impact of our interventions. For example, we make effective use in our daily work of kinesio taping, massage, PNF (proprioceptive neuromuscular facilitation), manual stretching, positional release, and electrical stimulation. Because each client is special, we focus on the individual's needs and what is best for him or her on that day. I keep binders above my desk that offer a library's worth of evidence about exercises, information on specific diagnoses, and references to Web sites of interest. (I also keep and often recite to myself a thanksgiving prayer for the ability to heal.) Even though I have received recognition of advanced proficiency in neuromuscular physical therapy from APTA and have been fortunate enough to have accumulated a wide variety of experiences in the field, I find there is so much to learn—and never enough time!

Despite the challenges and complexities of managing patients who have neurological problems, I chose to focus on this population because it is so fulfilling to play a part in progressing clients

who, for instance, have been wheelchair-dependent to independence via the ability to transfer and have mobility while in bed. Helping these people begin walking is an incredible experience. I can see in their faces their determination to prove that they can perform a task, and the joy that blossoms as they become more independent. It's true that not every client will evolve into that butterfly, but each is changed in some positive way. And when other clients come into the gym and see how hard people are working, it motivates everyone.

I'm thrilled by every task my clients accomplish, no matter how trivial it may appear. In fact, my clients quickly learn that it doesn't take much to get me excited about their progress! I brag about them every chance I get. Because many of our patients face serious neurological problems, it is not uncommon for us to receive documents stating "the client is not expected ever to be able to walk again." Many's the time I've wished to be a fly on the wall when those same patients walk into their physician's office a few months later. Wow!

"Have fun" is my mantra during physical therapy. There's nothing like laughing hard to tighten the client's abdominals and gluteals!

I enjoy working with the families of our clients, too. Involving family members in their loved one's physical therapy sessions is essential to carrying over to home activities and community outings transfer and ADL (activities of daily living) skills they've learned while in rehab.

We've found that incorporating into the plan of care activities such as trips to the movies or the shopping mall not only helps our client, but also encourages the family to avoid helping too much and hindering the client's progress. Also, community outings have resulted in some clients and family members lobbying for easier access by people with disabilities to buildings and services.

Working in a hospital-based setting can make my days a bit unpredictable, but variety truly is the spice of life in my case. I work 10-hour shifts, and my caseload is 90% clients with neurological dysfunction. I work with multiple therapists. I must be ready and available at all times to respond to a call from the emergency room, which might result in my preparing there for an incoming patient who needs a dressing change. Meanwhile, a patient in need of rotator cuff repair patiently awaits my return. On this particular day, my hours will exceed 10, because the stroke support group meets tonight and I am the program facilitator.

I love being a PTA. I put great effort into learning new skills and passing them on to my colleagues, students, and clients. I tell students they can be anything and do anything, but also to accept unsatisfying outcomes with grace. Tomorrow, I have a group of fourth graders coming to visit the department. We will give them an overview of how physical therapy, occupational therapy, and speech therapy work together to benefit our clients. They may even get a chance to see us co-treat, if the client is agreeable to their presence. Perhaps one or more of those elementary school students even will one day choose physical therapy as a career.

It is now 8 pm. I go home and have a supper to eat and some television to watch. I'm mindful of the fact that tomorrow my grinding work will begin anew. I am exhausted and ache all over. I even wonder momentarily why, exactly, I chose this job.

Then I get a call from a recruiter. It sounds like a great job. An 8-hour work day, no working on weekends or holidays, my choice of clients. But I look down at a photo from one of my physical therapy sessions with an excited young man who was learning sitting

balance. I kindly tell the recruiter, "No thanks." **PT**

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