

Hands On Skill Development: Sit to Stand

Watch

This handout is intended to accompany the Lesson Plan: Hands On Skill Development using Sit to Stand.

- Using your group discussion and feedback from instructors, complete the chart below. Be specific as you list the impairments.

Functional Limitation	Task Analysis What part of the task are they struggling with?	Impairments Contributing to Functional Limitation
Decreased ability to go from sit to stand	<p><i>Poor alignment throughout: leaning to strong side</i> <i>Decreased weight bearing through LLE</i> <i>Decreased forward weight shift</i> <i>Pulls on parallel bars</i> <i>Decreased buttocks lift off</i> <i>Decreased stability overall</i></p> <p><i>There are more areas the students could mention.</i></p> <p><i>If would also be helpful to repeat this activity focusing on stand to sit.</i></p>	<p>1. <i>decreased DF PROM L ankle</i></p> <p>2. <i>decreased light touch and proprio LLE/UE</i></p> <p>3. <i>decreased strength/motor control L knee ext</i></p> <p>4. <i>decreased strength/motor control L hip ext</i></p> <p>5. <i>abnormal tone in LLE and LUE</i></p> <p>6. <i>decreased strength/motor control L ankle ms</i></p> <p>7. <i>decreased PROM L hip/knee/trunk</i></p> <p>8. <i>decreased core strength/motor control</i></p> <p><i>There could be a number of other impairments</i></p>

- Document one short-term goal for this patient.
Goals must be specific, measurable, attainable, realistic and time specific. Goals must also be patient centered and relate to the treatment setting and the patient's prior level of function.

In 1 week, patient will transition from sit to stand with contact guard of one without pulling on parallel bar with minimal verbal cues in order to improve pressure relief every hour with assist of staff.

- Document one long-term goal for this patient.
In 3 weeks, patient will transition from sit to stand independently using intact UE on armrest without no verbal cues in order to improve ability to rise from chairs upon discharge.

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4. Goals should direct your treatment. As a group, discuss goal writing in various settings. What are the indications for an impairment-based goal versus a functionally based goal? What type of goal do you think is more appropriate for Henry? Defend your answer.

Goal writing is one of the biggest challenges for students. Previous classroom experiences and well established expectations for goal writing would be needed prior to this activity. Or, this could be a faculty led discussion as a jumping off point for learning more about goal writing.

5. Treatment planning: one possible approach.
Practice verbalizing to a peer why you chose this treatment intervention.
For each task or activity, include:

- Patient position
- Equipment
- Environment
- Practice conditions
- Manual facilitation
- Verbal cues

Ask yourself is the treatment idea is:

- Safe
- Goal oriented
- Related to functional limitations
- Related to impairments
- Salient

Task or Activity	Rationale for Activity	Progression of this Activity with Rationale	Regression of this Activity with Rationale
<p><i>It is critical for students to be able to put their thoughts into words. Although their documentation in a clinical setting will look very different than this, the plan here helps the students develop clinical decision making skills as they rationalize their chosen treatment.</i></p> <p><i>Depending on the course sequence its common for students to focus on musculoskeletal interventions that may not have a strong functional connection and this should be discouraged.</i></p> <p><i>It is also common for students to not provide enough detail that justifies why a skilled therapist needs to provide this treatment.</i></p> <p><i>The APTA publishes very helpful guidelines on skilled documentation broken down by billing codes that may be a good pre-lab activity.</i></p>			

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Some critical thinking questions to consider before you start your treatment:

6. At what level of the motor control continuum is your activity? Did you consider this as you were planning it and how does it align with where the patient is currently performing?

7. Is your treatment directed at one of your stated goals?

8. Does your treatment focus solely on impairments without considering function? Provide a rationale for this approach. Discuss how this impacts the patient's functional recovery.

9. Does your treatment focus solely on function without considering impairments? Provide a rationale for this approach. Discuss how this impacts the patient's ability to overcome their impairments.

10. Does the chosen treatment mean something to the patient? This is salience and its important for patient buy-in with therapy. How could you improve salience in this intervention?

11. Discuss how you would approach setting up this treatment with the patient. What equipment is needed and what safety considerations exist? Talk through your plan with a peer before you begin.

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Guidelines for hands on practice:

Perform your treatment intervention - use patient friendly language at all times.

Perform your progression of the initial activity and your regression.

Seek out feedback from peers and lab instructors regarding:

- Your body mechanics
- Your safety awareness and ability to keep the patient safe
- Your ability to build a rapport with your patient
- Your ability to initiate and terminate the treatment
- Your handling skills and ability to facilitate movement