Friday, April 12, 2013

I job shadowed Jon McClung, who has his Doctorate of Physical Therapy and works in the Therapy Services at the Memorial Hospital in Seward. I shadowed him from 8:00 a.m. to 11:30 a.m. Before seeing any patients for the day, Jon explained to me that there is one other Physical Therapist (PT), an Occupational Therapist (OT), as well as a Physical Therapist Assistant (PTA) that work with him in the therapy area of the hospital. Because they are in a hospital setting, there is also occasionally a nurse or a respiratory therapist that will come down to the therapy area and work with patients. Even though most of the patients that come into PT are outpatient, occasionally the PT’s are needed to rehabilitate patients in the hospital area that have just had surgery or the like. Jon also explained to me that most of the patients that they see are seen for about thirty minutes each. However, if the patient is seeing them for the first time, an hour-long consultation is needed for the PT to evaluate the patient’s current state and decide what steps of action they are going to take to rehabilitate the patient based on their current needs.

I really enjoyed this experience, and I believe it has been very beneficial to me. I have known for a while now that I have wanted to go into PT, but it was not until this experience that I was entirely positive about it. While Jon was working with the patients and trying to figure out which exercises would benefit them the most, I found myself doing the same thing in my head. I really loved the idea of being able to help these patients who are more than likely in pain or having some sort of struggle physically. I also enjoyed the fact that Jon was helping some of these patients mentally as well. This is specifically why I decided to add a minor in Psychology,
because PT is not merely just about the physical side. It is also completely about being there for the patient as a listening shoulder or as someone to give advice.

The first patient that we saw the first day was a 69-year-old woman who has been struggling with back pain for a while. She has also had a history of neck pain. She had been coming to see Jon for a couple weeks now, but it was just on Friday that Jon started a new program on her, hoping for different results than he had previously been receiving. Created by Dr. Robert G. Watkins, this program focuses on stabilizing the trunk and strengthening it. Jon actually gave me a copy of the program itself and the reasoning Dr. Watkins has behind it. It was very interesting to read through. The program is very useful for a variety of ages and levels of patients. Because we were dealing with an older lady, we stayed on level 1, mostly. This level has fewer reps and is a lot easier for an older person to do. However, the highest level would be level 5, and Jon said that he even has some athletes on this same program strengthening their core. This program has 8 exercises, in which we took this woman through. These include the following: the dead bug, partial sit-ups, bridging, prone, quadriped, wall slide, ball, and aerobic. Because this woman did these exercises on a low level, she was mostly doing 1 set of 10 reps of each of these exercises. She did a fairly good job at the exercises. At the end, Jon had the woman walk around the track once so that he was able to observe the way she walked. As he suspected, she was walking with a lot of side-to-side hip movement, which may be causing a lot of her lower back pain. With this patient, I learned that strengthening the core is very important because it affects everything when in motion. If you have a strong core, you probably won’t have as much back pain or even leg pain.

The second patient we saw was a 71-year-old man who was diagnosed with Parkinson’s disease about three years ago. However, he was really struggling with the reasoning behind him
being diagnosed. In other words, he does not think that he has the disease. He currently does not have any pain but his hands shake a little bit, which is probably part of the reason why he was diagnosed. He basically just wants to maintain strength and doesn’t have any specific issue needing PT, but for some reason insurance won’t pay for him to see a therapist if he doesn’t have a specific issue. I felt really bad for this patient. It seemed to me as if he was really seeking for just someone to listen to the struggles he has in his life. It was very interesting to see Jon be there for him.

The third patient we saw was a 57-year-old woman who had been in a roll-over semi accident in January, which broke her T3 and T5 vertebrae. She is still complaining of having a lot of pain. Jon had her do quite a bit of strengthening exercises, one including holding a stick against a flat surface and spelling out the alphabet. I thought this was a good exercise because it challenging for her to do and it also provides a lot of movement within the arms and back. After listening to her talk about how difficult it is to do everyday tasks, it made me realize how much the back muscles are really used in every movement that is made. I have never really thought about this, therefore it was very informative to me to learn about the effects that a back injury can have on someone. She is showing improvement and shouldn’t have to do PT much longer.

The next patient we saw was a 55-year-old woman who had recently just had her knee scoped (the week before). She was basically just working on flexibility of that knee. Jon measured her flexibility from many different angles and she just continues to improve. She does a lot of therapy on her own at home; therefore she will not have to do PT for much longer either.

The last patient we saw was a first-time patient, therefore we took into a private room and did an hour-long evaluation. He was an 81-year-old man and he is coming to physical therapy because he basically just has overall weakness from many different causes and needs some help.
He has fallen about 4 times within the past year, has had bladder cancer in the past, double ankle surgery (with splints now), and many other problems. Basically Jon did a baseline test measuring where he is at in many different areas so that he has something to compare it to later, hopefully showing some progress. We will see him again next Friday.

**Friday, April 18th, 2013**

I job shadowed Jon McClung again today. The first patient we saw was the same patient we saw first last Friday morning, a 69-yr-old woman. She went through the same core strengthening exercises. She was doing a lot of better than last week and hardly had any pain at all. This time Jon had her walk for 10 minutes on the treadmill. He told me that sometimes he will video tape patients walking because it is easier to see what they are doing wrong when they are walking. She was not really having any pain today.

The second patient that we saw was a 69-year-old woman. In January she had a complete shoulder replacement and the doctor told her afterwards that it was an unsuccessful surgery. Ever since then, she has been seeing Jon trying to get her shoulder feeling better. We put her through a lot of shoulder and arm exercises. She did a fairly good job, however she has many other problems that minimize her ability to do the exercises. She has been living with Parkinson’s for the last 20 years, which makes her very shaky. She also walks with a pretty bad hump in her back, as she has osteoporosis. Not only did she have her shoulder replaced, but she also has had both of her knees replaced. It was crazy to me that this patient is the same age as the first patient we saw and they are at completely different levels.

We then saw the 81-year-old man we saw for the first time last week. Jon had him do a lot of leg strengthening exercises. He walks with a walker on a daily basis, and we observed that he puts most of his weight on his arms when he walks. Therefore, he gets tired very easily and
needs to stop to rest fairly often when he walks. However, when he gets out of a chair or is just standing, he puts all of his weight on his heels. He has a very hard time getting out of a chair for this reason. Jon had him practicing getting out of a chair while correctly distributing his weight between his heels and his toes. I observed that this man has probably been standing up like this for a long time now, and therefore it feels normal to him even though he is not doing it correctly. The more and more he practices standing up out of a chair the correct way, the better he is going to be with his balance when he walks as well.

The next patient we saw was a 28-year-old woman who had recently sprained her ankle pretty badly. She stepped off on a curb and stepped onto a bottle. She is currently wearing a boot. Jon measured her flexibility of plantar flexion and dorsal flexion. She did a pretty good job but still has a lot more to go. She is still having a lot of pain. Jon did not do a lot of exercises today because she was having so much pain. At the end he hooked her up to a machine that wraps around her ankle and circulates ice-cold water while filling up with air to pressurize her ankle.

**Friday, April 26th, 2013**

I shadowed today for the last 3 hours needed to complete 10 hours of field experience in Physical Therapy. The first patient we saw today was an 84-year-old man who is very in shape. Jon described him to me as being the “most in shape 84-year-old you’ll ever see.” He walks a mile on his own every single morning but has been having some lower back pain recently. Jon did a lot of evaluation of his hips and pelvis and discovered that one of his leg may be a little bit longer than the other. Because of this, he feels more comfortable standing on the shorter leg most of the time which may cause his pelvis to be shifted. This could be what is causing his back pain. Jon decided to put a little $\frac{1}{4}$ inch pad in the heel of his shoe of his shorter leg, hoping that this
will re-shift his pelvis back to where it is supposed to be. He told the man to give it until Monday to see if it helps and if it doesn’t then they will go further with PT.

The second patient we saw today was a 61-year-old man who was having terrible pain in his left shoulder and arm. Jon would barely even touch it and he would screech in pain. He has had surgery on it in the past, but not recently, therefore he is unsure of what is causing the pain. Jon had him do some light exercises but he did not want to go to hard or cause it to be irritated even more than it already is. Jon was also concerned about how skinny this man was looking. He asked him how much he thinks he weighs and the man said maybe around 160 lbs or so. Jon weighed him and in the last 6 months he has lost over 20 lbs. This has led Jon to think that there is something else wrong with him.

The next patient we saw was the 69-year-old woman that we saw last Friday when I was there. She is the one with the very bad osteoporosis in her back as well as the shoulder that was operated on unsuccessfullly. When she walked in she was not even attempting to stand up straight. Throughout the therapy session, Jon really reminded her many times to stand up straight and she did a fairly good job. Compared to last week, she really was not having much pain at all in her shoulder. She says that her shoulder just feels heavy. She really can not lift it about it head when it is extended out to the front or to the side. She is definitely improving on her range of motion though, and it was very interesting to see how much she has improved just within the past week.

We also saw the 28-year-old woman with the bad ankle sprain today. Even though her range of motion and flexibility has improved since we saw her last Friday, she is still having a lot of pain. Jon had her do a lot more exercises today because she really does not get much movement as she keeps it secured in a boot 24 hours per day. One of the exercises that he had
her do was act as if her toe was a pencil and attempt to spell out the alphabet. Again, I believe this is such a good exercise because he gets the ankle moving in so much different directions. She had a pretty good amount of pain when she did this but she finished it successfully. To continue improving with range of motion in her ankle, Jon is having her do this exercise at least once a day at home. We also had her ice her ankle again today to minimize any pain/swelling.

We then saw the 81-year-old man (with the ankle braces) who we saw the last two Friday’s. He is still having a hard time balancing his weight, but I believe the ankle braces have a lot to do with it. Jon had him practice getting out of a chair many times, which most of the time he needed a lot of assistance. We also had him walk around the track many times with weights really having him focus on not putting so much weight on his arms when he walks. He continues to improve but has a long ways to go.

The last patient we saw was a 75-year-old man who has just lost a lot of the flexibility in both of his knees. For some reason he also has quite a bit of numbness in his feet as well. He even had a hard time warming up on the stationary bike because his feet were so numb that he could not keep them on the pedals. Jon is not sure what is causing the numbness because he does not have any sort of disorder, like diabetes, that would be causing this. For now, Jon continues to check his flexibility on his knees and do leg strengthening/flexibility exercises. Throughout this patient, and all of them really, I have learned that a lot of elderly people have trouble with their knees, which is why it is extremely important for a person to take care of themselves when they are young. If they have any issues when they start to get older, it is important to stay away from exercises where the feet pound on the ground.

Overall, I really enjoyed my time job shadowing this Physical Therapist. I really learned a lot about the different issues that come up in PT. I furthered my knowledge of how the human
body physically works by listening to Job and asking questions. I had always thought that I would be most interested in working with athletes with injuries, but this experience has made me consider working with elderly people as well. It has come to my attention that most elderly people have a lot of issues that need PT. I really enjoyed doing what I could to assist Jon in helping these patients. It was really interesting to be able to see some improvements in patients that I saw for consecutive weeks, which just proves that PT is needed and can be very helpful for many people. Aforementioned, this experience confirmed my passion for PT and I now know that PT is God’s plan for me. I am so excited for the day when I will be able to serve Him and other people in this profession.