

## MOVING BEYOND CO-TREATMENT: **PARTNERING** WITH PHYSICAL THERAPY FOR SUCCESSFUL CLIENT OUTCOMES

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## WELCOME!

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- We aim to share our experiences and encourage others to maximize patient's **real life progress** by considering the benefits of partnering with physical therapy.



## MOVING BEYOND TRADITIONAL CO-TREATMENT

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### BY CONTRAST, WHAT THIS MINI-SESSION IS NOT.

- Our motivation for SLP and PT co-treatments is NOT about solutions to scheduling problems.
- More specifically, it is NOT “You and I both seeing the patient. I do my thing, you do yours because we can’t fit them in our schedule.”

### IT IS...

- A paradigm shift to impact effective rehabilitation after brain injury.

## LEARNING OUTCOMES

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- Understand 3 benefits of co-treatment to promote client focus in TBI rehabilitation.
- Describe how SLPs can partner with PTs in understanding how the language used to communicate with our clients can result in clients who are more cognitively aware, reflective, and who can better anticipate and regulate errors.
- Learn 3 methods of billing and scheduling used to make co-treatment billable treatment option.

## BASIC NUTS AND BOLTS DEFINITIONS

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### CO-TREAT

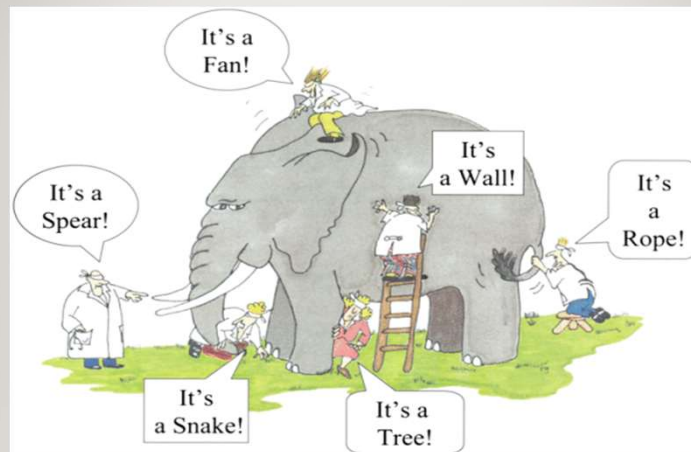
- Done when it is in the best interest of the client to receive more than one discipline during a single session.

EX: "I'll do the posture and balance and you do the voice and swallowing".

### COLLABORATING

- Improve the outcome for the client by increasing predictability and preparedness for life after therapy.
- Using our specialty knowledge and individual perspectives to stay flexible but add value to the desired outcome.

It's not about the physical aspects of functioning and airflow. It's about integrating the cognitive and gross motor functions.



We can improve outcomes through collaboration, *targeting vital areas that impact life after discharge*, through collaboration and partnering.  
It's about reducing the too common reality of patients *passing tests but failing in life* after brain injury.



## UNCLE BEN, SPIDERMAN

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- As clinicians, taking responsibility for the **maximum benefit** within the client's session is a **constant choice**.
- Actively considering
  - 1) How predictable is my patient's behaviors and abilities?
  - 2) How prepared is my patient and their family to handle these significant changes?

## AS SLP'S WE CAN EXPAND OUR FOCUS TO...

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- Increase quality of interactions with PT's to include cognitive communication components.
- Intentionally capture the reality of patient meeting "discharge criteria" by documenting the probable post discharge concerns, For example, the reality that ongoing attention to and development of strategies will likely be necessary as patient resumes pre injury activities.
- Speak to the realities and orient clients and families to the particular variables, vital behaviors and difficulties specific to their situations as they relate to what we know about post discharge experiences.
- Reduce the too common occurrence of overreporting "goals met".

As a rehab team discuss and bring to light the common reality of patients being discharged into environments for which they and their support systems are not adequately prepared.



## CRITERION BASED GOALS

- Behavior: WHAT the patient will be doing
- Performance: HOW the patient will do it and with what quality
- Conditions: WHERE the patient will do it and WITH what external supports
- Stability: WHEN/HOW OFTEN the patient will do it to demonstrate practical carryover
- Application: WHY the patient needs to achieve this. The functional applications

Steven Mandley, PT


## CURRENT GOAL LIMITATIONS

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Proving “progress” towards a clinical goal does not correlate to a successful discharge.

Verses

Meeting functional, criterion-based goals (unique challenges that carry over into their home) that prove **preparedness.**



"Excellent meeting. I loved the quick fixes, the simple solutions, and the easy answers."

## BENEFITS OF SPEECH LANGUAGE PATHOLOGY IN PHYSICAL THERAPY

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- Attention & Memory
- Executive Functioning
- Metacognition
- Problem Solving
- The underlying components of perceived impulsivity
- Awareness & Insight



**BREAK OUT MOMENT!!!!!!!**  
Let's take a second here and talk about.....  
Individualized, & Unique Contextual Variables

SLPs can help identify the cognitive overload/signs and symptoms of fatigue and establish an appropriate hierarchy within the PT cognitive-motor goals area.

SLPs can use our knowledge of the patient's language and processing skills to produce personalized, emotionally based, mantras that prove immediate relevancy to the patient verses the often generic PT standard language.

## SELLING THE BENEFITS OF COLLABORATION

PTs should know the phrase dual-tasking so this is a good way to sometimes start.  
i.e. chewing gum, walking, talking.

As SLPs, our knowledge and familiarity of Dual Tasking also can lead a PT to believe they "get what we are saying"... but do they? Are we here describing dual tasking? No, in dual tasking it is still tasks...tasks without the individualized unique circumstance to the injured person.

\*The knowledge and application of dual tasking can comfortably allow therapists to check this off our list. But the complexities and personally relevant contexts are what we are striving for here today, These are where the true measure are.

So you see you really can't do this without our support systems involvement because you can't see the variables.

What level of distraction can we provide before significant breakdown?  
That's where the dance and skill levels between PT/SLP comes into play.



## GATEWAY INTERACTION APPROACHES TO COLLABORATING WITH PT

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- Ask PT, “Would you mind if I hold a conversation with client while they’re walking?”
- Pull your PTs aside, let’s talk about this patient, case by case, the effects of the environment. Challenge the PT to consider, “How do you think they would do at home, with 2 dogs, tired and noisy environment?”
- Challenge the PT to contextualize the test scores to more accurately generate a statement about the behavior that can be expected.
- What functional activities does the PT expect them to be doing and with what supports?
- How does the PT think the family is doing at recognizing anticipating safety issues?

## SLPs can collaborate with PTs to enhance communication with clients and key family members.

We can use our specialty knowledge and individual perspectives to facilitate clients being:

1. More cognitively aware (because we generate and use the same vocabulary, sequences and mantras/narratives)
2. More reflective, more deliberate, putting yourself in opportunity mode
3. Better able to anticipate and regulate errors.
4. Consistency of personalized language used regarding safety cognitive motor safety concerns increases the clients intellectual and “online”/knowledge of themselves, making it easier to redirect and predict behaviors.

Skills – how the PTs and SLPs rate the amount of distraction and motor demands, to push the envelope, but not frustrate.

**What are the “real” limits of the PT in the realm of discharge environment?**

## IDEAS FOR GETTING BUY-IN

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- Engage others to think outside the box for billing
- 8 min rule to bill for full unit.
- Codes and modifiers
- Changing the tone of team meeting or clinical rounds
- Document the real discharge roadblocks
- How predictable is this client – Demonstrate & Describe
- Overall Increasing productivity and outcomes

## AS YOU LEAVE HERE TODAY...

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- We want to leave you with an aspiration and hopefully a goal.
- We are hoping you will consider the “means” within your organization that can get you to the “end” vision of what we are sharing with you today.
- THANK YOU! 😊

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