

The Praxis Institute

Interprofessional Team Dynamics

As an Inter professional team member (e.g., PTA, OTA, Massage) you will give a **5-10 minute presentation** will include similarities and differences between the professions and in the treatment approaches between the professions in relation to the case study you have been assigned. One of you will research and present similarities while the other researches and presents differences between the professions. Discussion groups will be assigned to discuss at a minimum the following:

- **Professional association (e.g., AOTA and APTA Association):** this group should discuss the vision statements and mission of the associations.
- **Distinct Nature/definition of Occupation:** how does your profession view the relationship between Occupation and Activities? Is it applicable to your profession?
- **Research and evidence-based practice:** discuss the types of research each association supports, where to find research and what types of research are available through the associations.
- **Care coordination, case management and transition services:** express understanding regarding care coordination, case management and transition services in traditional and emerging practice environments.
- **Professional practice:** discuss where the profession practices and how they execute practice, e.g., do they need physician referrals?
- **Degrees and Education:** entry level degrees, and how to advance in one's profession.
- **Supervision:** discuss what type of supervision is needed in different settings.
- **Professions group:** discuss the role and value of the professions within their respective professions.
- **All groups:** identify the most interesting or surprising fact(s) they found out about the other profession during their research
- **Case study (handout):** Areas to Consider (Specific to each discipline's scope of practice). Explain how collaboratively each discipline works collaboratively to address patient's plan of care

Occupations: Defined:

Performance Patterns: Defined:

Performance Skills: Defined:

Client Factors: Defined:

Contexts and Environment: Defined:

Case Study

Harris: Spinal Cord Injury – T3 Incomplete

Harris is a 22-year-old man with a diagnosis of incomplete spinal cord injury at T3 and resultant paraplegia due to an auto accident. Harris also fractured his right tibia and fibula and right proximal radius and ulna in the accident. Harris was admitted to the rehabilitation hospital from the acute care hospital where he stayed for 2.5 weeks after his accident.

Harris lives with his fiancé, Marsha on the 15th floor of a new apartment complex in the city. It is a small one-bedroom apartment. They intend to be married after his graduation from college. Harris has one more semester to complete from his baccalaureate degree in computer science. He also works full time for his brother's plumbing business as a bookkeeper – work that he can do from home or at his brother's office (which is in the brother's home). His brother lives 5 miles away by car, in a home that has six steps at the entrance with no ramp. During his limited free time, Harris likes to travel with Marsha and golf with his friends. He also enjoys going on weekly dates with Marsha to the movies. Marsha also works as a dental hygienist at a busy dental practice. Harris reports having no functional deficits before the accident.

Harris's family is very supportive and visits him in the Rehab daily. His brother Jeff calls frequently, and his mother cooks his favorite meals for him and the staff. Harris's father is not well and cannot visit due to respiratory distress. Marsha has taken off work to be with Harris every day at the rehabilitation hospital. She is willing to learn as much as possible to help Harris get better.

Harris was admitted to the rehabilitation hospital with the goal of returning home, finishing his degree, and graduating on time. He is eager to get started, during admission he stated, "the more therapy, the better". Harris will be evaluated by PT and OT, Nursing, Social Work and Physiatrist.

Analysis of Evaluation Performance:

Harris was evaluated with observation, functional activities, chart reviews, sensory testing, Manual muscle testing and goniometry. During evaluation he was talkative and motivated. He is in a wheelchair with lateral supports. Right UE is in full-arm cast and right LE is in an Aircast from his toes to knees. Harris is right hand dominant. No cognitive, perceptual, visual or hearing deficits. Harris presents with no sensation in either LE or buttocks, however UE sensation is intact and in superior trunk region. His inferior trunk region has impaired sensation.

No present AROM in the LE's. Motion is intact in the left UE and cervical region. His right UR cannot be fully assessed because of cast. His left UE has normal strength, and motion in his right digits is normal.

Harris has not complaints of pain but does report stiffness in his neck. He has slight edema in the right digits of the metacarpophalangeal to distal interphalangeal joint. He has multiple bruises and abrasions over his body that is being monitored by nursing. His supported sitting balance is poor to fair and he is able to sit up independently without minimal assistance or lateral support. He does attempt to self-correct when leaning but lacks the strength to maintain upright posture without assistance.

Harris uses a sliding board with moderate assistance to transfer from surface to surface. He is non-ambulatory and non-weight-bearing on the right leg. Harris requires occasional assistance to propel himself in a wheelchair because of his inability to use his right arm. He can perform bathing tasks sitting in front of sink in his wheelchair and can wash his face, hands and chest with setup. He requires total assistance for back, buttock and legs. He requires maximum assistance for dressing himself. Harris reports being able to feed himself without help although it's sometimes messy. Harris has a catheter for urination and been incontinent of bowel since the accident. His FIM scores were 37 of 91 on the motor subscale and 35 or 35 on the cognition subscale.

Harris states his goals for rehabilitation are to "walk out here and get on with my life". His expected length of stay is 6 weeks. His automobile insurance is covering his medical expenses, with a cap of \$500, 000.

ACOTE Standards for an Accredited Educational Program for the Occupational Therapy Assistant:

B.4.19, B.4.20, B.4.25