

# PHYSICAL THERAPY PROCEDURES

## SELECTED TECHNIQUES

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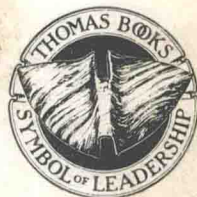
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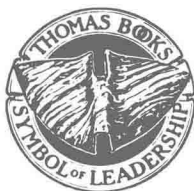
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*By*

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**PHYSICAL THERAPY**  
**PROCEDURES**  
Selected Techniques

## PREFACE TO THE SECOND EDITION

“A cookbook on Physical Therapy” was a phrase used to describe the first edition, and the author considers this to be an excellent description. As was the first edition, the second edition, which is appearing approximately three years after the first edition, is a “how to” book and nothing more. The student must learn to think for himself, evaluate the effectiveness of treatment and analyze procedures, but these abilities come with a total learning process and experience. This book presents only a very small part of the knowledge the student must acquire in the use of modalities.

Because of the many valuable suggestions from students and therapists, the first edition has been extensively revised and two new chapters have been added. Set-up pictures have been included which will provide visibility to certain techniques.

The author wishes to extend her sincere thanks for the many helpful comments and constructive criticisms which have been used in revising the book.

A special thank you goes to Miss Gladys G. Woods, Director, Division of Physical Therapy, The Ohio State University, for her continued encouragement and help. I am indebted to Mrs. Marilyn Fetters, a graduate student, Physical Therapy Division, The Ohio State University, for the many hours she spent posing for the set-up pictures. My secretary, Mrs. Dora Curtin, has done an excellent job of typing the manuscript.

Again, Mr. Payne Thomas of Charles C Thomas, Publisher, has been very patient in answering my many questions.

ANN H. DOWNER

## PREFACE TO THE FIRST EDITION

THIS MANUAL brings together in one book most of the common techniques used in various modalities. Many of the procedures have been used to treat patients for many years, and it is expected they will be used for many years to come. Some new modalities are included which require basically the same techniques while other modalities require new techniques.

The author does not wish to suggest that one technique may be better than another or that one particular piece of equipment will give more beneficial results than another. No attempt has been made to discuss the physics, effects, indications, or contraindications. Rather, the manual outlines in detail a step-by-step procedure which may be followed with each technique to ensure the patient's safety and comfort and, hopefully, to relieve his symptoms.

The manual should prove particularly useful to the students in the field of physical therapy and their instructors, to physicians and nurses, and to athletic trainers and their athletes.

The author wishes to express her sincere appreciation to those who have read the manuscript and given suggestions: Gladys G. Woods, Director, Division of Physical Therapy, The Ohio State University; Marian Chase, Chief Physical Therapist, Mental Retardation Program, The Ohio State University; and Rebecca Fauser, Mickey Galleher, Fred Hershberger, Mary Hopper, and Paul Mitchell, physical therapy students at The Ohio State University.

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**PHYSICAL THERAPY  
PROCEDURES**  
Selected Techniques



**PART I**  
**INTRODUCTION**



## *Chapter 1*

# **GENERAL CONSIDERATIONS FOR ALL TREATMENTS**

### ***I. Preparations***

#### **A. The therapist:**

1. Your clothing should be neat and clean and should allow freedom of movement.
2. Sleeves should be no longer than three quarter length.
3. Shoes should be clean or polished.
4. A name tag will assist the patient in remembering your name.
5. Hair should be short or tied back so it will not interfere with the treatment or touch the patient.
6. Use a deodorant and guard against bad breath.
7. Do not use strongly scented perfumes, lotions, etc.
8. Your hands should be clean, nails short and clean.
9. Do not wear jewelry other than a watch, wedding rings, etc.
10. A nonmagnetic watch with a sweep second hand is recommended.

#### **B. Patient—therapist relationship:**

1. The patient is an individual. Treat him as such.
2. Be understanding, but not personal.
3. Avoid controversial conversation. Never discuss your personal problems.
4. Discuss his condition only as it applies to the treatment.
5. Do *not* criticize the patient's physician or other personnel.
6. Tell the truth.
7. Confidences are sacred.
8. Do *not* accept gifts from patients.
9. Respect age.

10. Really care about the patient and the treatment you will give.

C. Check the patient's:

1. Diagnosis. *If possible*, you should know what the diagnosis is *before* treating the patient. If it is not on the prescription form, find out from the patient's chart or call his physician. You should be notified by the physician if there is any change in the diagnosis.
2. Disability. Be sure you treat the correct area. (If the cervical area is to be treated, do not treat the upper back; if the left ankle is to be treated, do not treat the right ankle.)
3. Prescription for treatment. It is not only your prerogative but your responsibility to use the correct modality and to question any prescription for treatment. In many cases, the qualified physical therapist will prescribe the treatment. Therefore the responsibility rests with the therapist and he must be fully aware of the implications of using the wrong modality.
4. Contraindications. You should know whether or not any contraindications preclude the use of a specific modality. Contraindications may be added or changed during the treatment program.
5. Special instructions. These may include such things as leaving a splint on during treatment, teaching the patient how to do the treatment at home, etc.
6. Special problems. The patient may be hard of hearing, blind, retarded, psychotic, elderly, etc. Handling and treatment of these patients may have to be modified.

D. Prepare the treatment area:

1. There should be no modality equipment in the treatment booth other than the unit you will use.
2. Collect all linens, pillows, footstool and specific modality items and have them ready to use.
3. A chair should be in the booth.
4. Prepare the plinth:
  - a. Plinth linen, pillow cases and towels should be clean.

- b. Unfold the drape sheet (bath blanket) and spread it out lengthwise on the far side of the plinth.
- c. Place pillows in proper position.
- E. Determine the procedure to be used:
  - 1. The type of modality.
  - 2. Position of the modality in relation to the patient, length of the line cord, electrical outlets, etc.
  - 3. Method of application.
  - 4. Patient's position for treatment:
    - a. Sitting on a chair beside or facing the plinth.
    - b. Prone.
    - c. Supine.
    - d. Sidelying.
  - 5. Timing routine.
  - 6. Etc.
- F. Check the unit to be used:
  - 1. Know how to operate the unit. *Never* use a modality on a patient until you are thoroughly familiar with its operation.
  - 2. *Never* use defective equipment:
    - a. All connections should be secure.
    - b. All manual adjustments should be in working order and tight.
    - c. *Never* use units with frayed line cords, electrode cables, wires, etc.
  - 3. The unit should be properly grounded if necessary.
  - 4. All necessary parts should be ready to use.
  - 5. Test the unit on yourself to be sure it is operating safely and effectively.
  - 6. Warm up the unit if necessary.

## II. Starting the Treatment

- A. Know exactly what you are going to do and how to do it:
  - 1. If in doubt, find out *before* treating the patient.
  - 2. *Never* use any modality until you know *exactly* how to operate it.
- B. You may require assistance with some patients or modalities.

Seek help from another staff member when in doubt:

1. *Never* attempt to lift a patient unless it is absolutely necessary.
  2. Some units such as large bakers are awkward to handle.
- C. Be calm and reassuring while setting up and administering the treatment:
1. Many new patients are extremely apprehensive about meeting new people, being treated with impressive looking equipment and being hurt. Your composure and efficiency will help allay any fears and apprehension.
- D. Avoid touching the patient any more than is absolutely necessary.
- E. Give the patient your name and be *sure* he knows it:
1. When discomfort occurs, many patients are reluctant to call you if they do not know your name.
  2. You should know his name.
  3. Miss, Mr. or Mrs. is preferable when addressing adults.
  4. Children should address you as "Mr. Smith" or "Mr. Bob" as parents may be trying to train them.
- F. Close the booth curtains.
- G. Explain the procedure to the patient:
1. Tell him what you are going to do. Use correct, simple and positive terms.
  2. Explain the sensation he *should* feel. Be as exact as possible. Use positive terms. Do *not* lie to the patient.
  3. Tell him how long the treatment will last.
  4. Impress him with the importance of telling you *immediately* if *any* discomfort occurs and why he should tell you:
    - a. Any burning sensation, pain, dizziness, nausea, etc., should be reported.
    - b. If he has to move from the position in which you have placed him because of discomfort, he should call you *before* he does. (This usually will not happen if you have provided adequate pillow support and proper positioning initially.)
- H. Instruct (help) the patient to remove his clothing:
1. He must remove clothing from the part to be treated:



- a. For plinth treatments, removal of trousers, shirts, blouses, skirts and dresses will prevent them from becoming soiled, wrinkled or wet from perspiration. Shoes should be removed whether or not feet or ankles are to be treated.
  - b. He must remove any constricting clothing such as belts, garters, girdles, tight clothing, etc.
  - c. For general heat treatments, have him completely undress and provide him with appropriate substitutes.
  - d. Give clear, sufficient and slow instructions.
  - e. Do *not* help the patient unless his disability, condition or age warrants aid.
2. Protect any remaining clothing from oils, water, etc.
  3. Report to your supervisor any patient who unnecessarily exposes himself.
- I. Valuables:
1. Rings, watches, etc., must be removed if appropriate:
    - a. Have the patient remove these *before* he gets into the treatment position.
    - b. Keep the patient's valuables with him. Have him put them in a pocket or purse or if you do it, have him watch you. Do *not* put his valuables into your pocket. If the patient forgets any valuables, take them to him if he is an inpatient or put them in the hospital/clinic safe and get a receipt. Do *not* keep them in your desk drawer even though it can be locked.
- J. Place the patient in a position that will be comfortable throughout the treatment and that will enable you to treat the part safely and efficiently:
1. The patient's disability, condition and age will determine his position.
  2. His position should allow effective use of the equipment and should provide for your good body mechanics. (You should sit when possible.)
  3. The patient should be as relaxed as possible.
  4. Do not place the patient (or unit) in such a position as to encroach on another treatment booth or an aisle.
  5. The sitting position: