

PTs do *Wound Care*?

How we got here and where we're going.

Presented by:

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Objectives

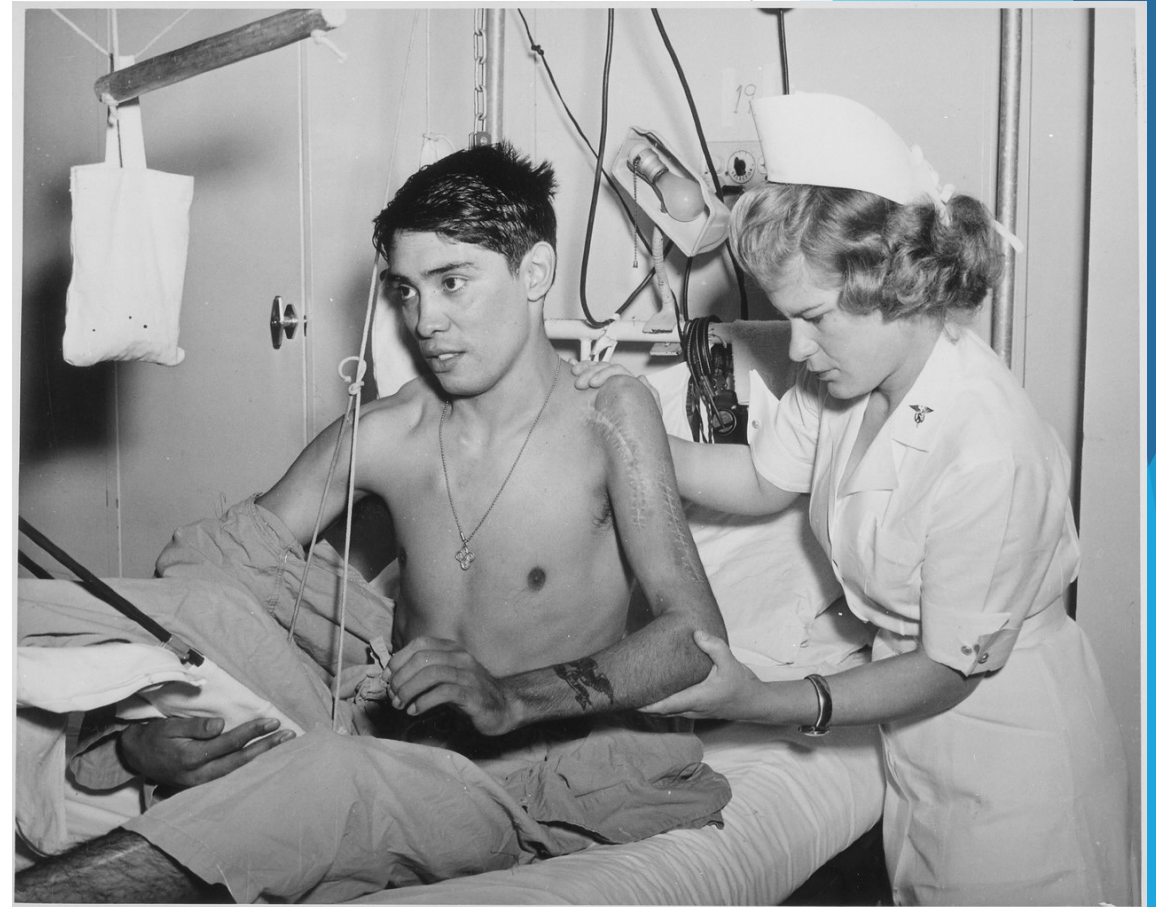
- ▶ Understand how PTs came to be advanced practitioners in wound care
- ▶ Learn what PTs are currently doing through EBP in wound care throughout the continuum of care
- ▶ Look ahead to how PT can help shape the future of advanced wound care

How we got here

Answering the ever-repeated question: why do PTs do wound care?

War-time origins of PT

- ▶ Developed as an area of practice in the late 1800s due to Polio, which involved severe musculoskeletal complications.
- ▶ Rapidly expanded during WWI as soldiers who remained active got better sooner.
- ▶ The goal: get wounded soldiers back to contributing to society as soon as possible.
- ▶ Solution: “reconstruction aides” as a field of practice, often for nurses



Evolution of PT to include wound treatments

- ▶ Medical advances meant soldiers with severe wounds were surviving, and reconstruction aides often tended to wounds as well.
 - ▶ Measure of wound care involved in PT from the beginning
- ▶ As the profession evolved, we became adept at using modalities such as e-stim, massage, ultrasound, and hydrotherapy in the treatment of MSK and NM conditions
- ▶ The benefits of these modalities for wound care and edema management became more recognized in the medical model of care



Becoming high-level practitioners

- ▶ Education has evolved from a few weeks (reconstruction aides of WWI) to a few years (the DPT now being the standard)
- ▶ PT curriculum includes both high-level didactic education and on-site clinical education
- ▶ Leads to an in-depth understanding of the following areas (to name a few):
 - ▶ **Anatomy**
 - ▶ **Physiology**
 - ▶ **Histology**
 - ▶ Kinesiology
 - ▶ Electrophysiology
 - ▶ Biomechanics
 - ▶ **Clinical Pathology**
 - ▶ Pharmacology
 - ▶ Psychology/Behavioral Science
 - ▶ Physics
 - ▶ Ethics (including Bioethics)
 - ▶ Communication
 - ▶ Research

Continued evolution of wound care technology and practice

- ▶ Research expanded our use of technology, including e-stim, ultrasound, and negative-pressure wound therapy (NPWT)
- ▶ PTs became legally able to utilize sharp/selective debridement to remove necrotic tissue
- ▶ Combination of wound care specific skills with baseline PT knowledge and practice = advanced, more holistic style of wound treatment
 - ▶ Ergonomics/Biomechanics to lessen pressure
 - ▶ ROM/strengthening to increase circulation, strength, and ability to position self
 - ▶ In-depth clinical knowledge to continue educate patients



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Fitting into the current continuum of care

- ▶ Variety of settings - availability dependent on infrastructure and staff
 - ▶ IP, OP, SNF, HH
- ▶ Working alongside a variety of providers: advocating for the best care
 - ▶ WOC nurses
 - ▶ Floor nurses/staff
 - ▶ Physicians of many different specialties
 - ▶ Case managers
- ▶ High-level education of patient, family, and medical staff to promote optimal outcomes

Where we are

Modern wound care treatments in PT

Pulse Lavage



MIST Therapy



Traumatic foot injury resulting in group B strep infection



1 Week of pulse lavage and sharp debridement



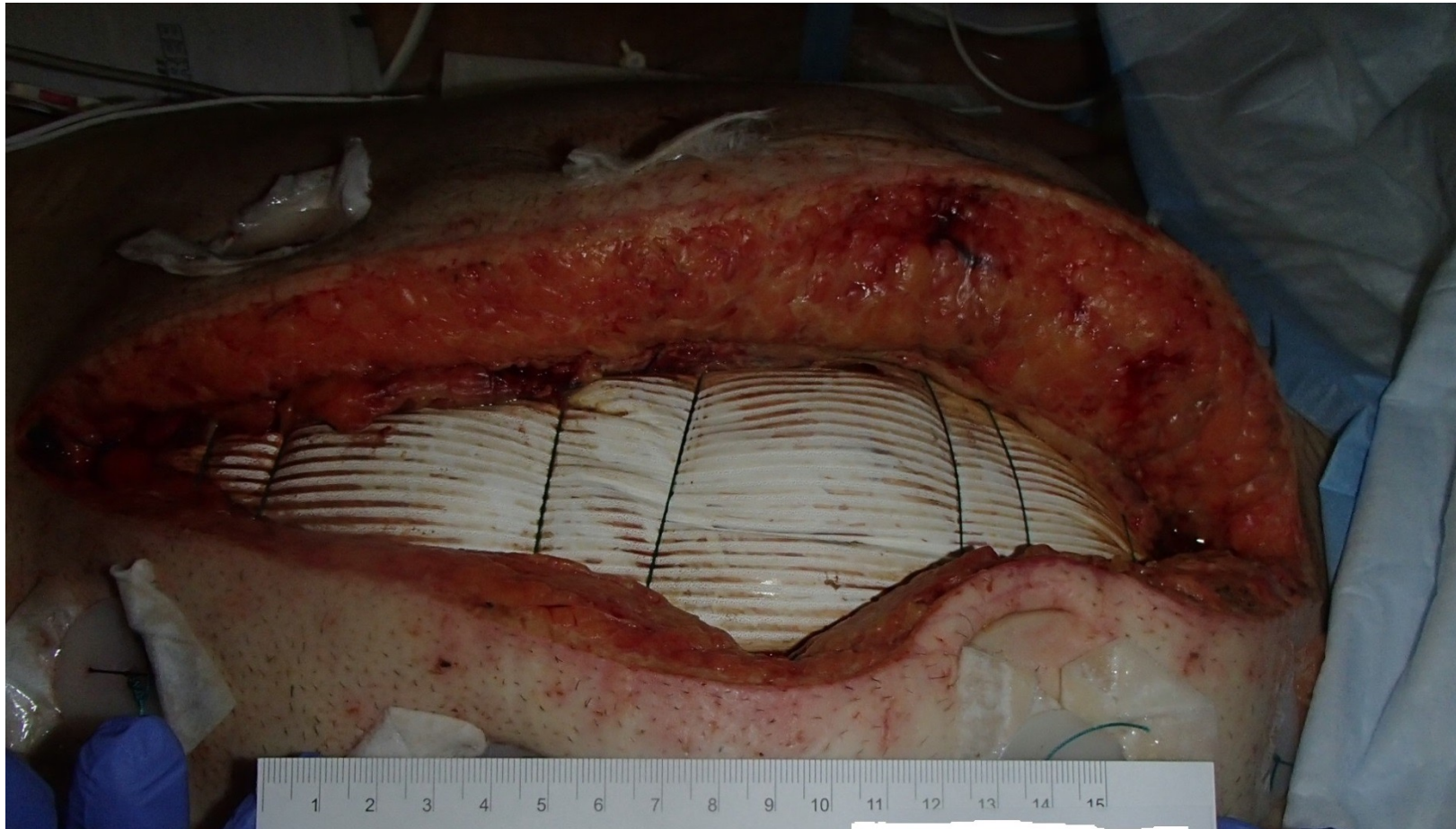
Transitioned to MIST therapy (noncontact ultrasound) for 1 Week



Vacuum Assisted Closure / Wound Vacs



Complex open wound to abdomen



1 Month of Wound Vac Therapy



Education



2 months of *MIST* therapy and education on pressure relief and proper wound dressing



Wound care and prevention



Where we're going

The future of PT in wound care

Our goals for PT moving forward

- ▶ Provide the highest level of care within our capabilities
- ▶ Advocate for our appropriate scope of practice
- ▶ Educate other practitioners about PT's role in wound care as well as EBP for wound care treatments
- ▶ Overcome obstacles to providing care
 - ▶ Education (providers, administration/facilities, and patients)
 - ▶ Insurance limitations

How we continue to move forward

- ▶ Promote advanced levels of education within our DPT programs
 - ▶ Emphasis on high-level practitioners and/or specialists teaching wound care
 - ▶ Exposure through labs, shadowing, etc.
 - ▶ Encouraging wound-care specific internship opportunities
- ▶ Continued education post-doc
 - ▶ Residency programs in areas where experienced PTs are practicing wound care
 - ▶ Mentorship programs through APTA KY and/or APTA
- ▶ Specialization
 - ▶ FBPTS now offering a wound care specialty
 - ▶ Certifications through other institutions (ABWM, WCEI, etc.)
 - ▶ Potential for specialists in ED
- ▶ Education, education, education

Questions?