



# Physical Therapy Perspectives: A Resident's Re-education

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## ABSTRACT

While most of us are regular prescribers of physical therapy (PT), we are often guilty of underappreciating the intimate role this plays in postoperative success. The following is a personal account of lessons learned and value appreciated through the lens of an orthopaedic resident undergoing postoperative shoulder rehab. What transpired has fundamentally changed my understanding of what happens after patients leave the operating room and has inspired my future investment in the role of PT.

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## INTRODUCTION

Although physical therapy (PT) is a regular part of most orthopaedic practices, there is often surprisingly little emphasis in training programs on what good PT actually entails. I am currently in the midst of orthopaedic surgery training as one of the residents at Duke University and recently underwent a revision posterior labral repair of my dominant shoulder. The surgery went well but revealed a 180° tear and extensive adhesions; as such, the need for regular PT was emphasized immediately. What follows is my reflection on the recovery process and what I have learned not only about the patient experience but also the value of high-quality therapy.

Through frequent collaborative continuing education events involving PT and orthopaedics, I was fortunate to have already established a good relationship with a local practice; however, becoming one of their patients provided a whole new level of education. As surgeons, we spend significant time early on investing in patients with regard to diagnosis and treatment leading up to what we/they often feel is "the big day" in the operating room.

But suddenly, the patient returns home to a completely new pace of life and is released into the care of PT for the next several months with only intermittent orthopaedic appointments. And while surgery provides a critical base, I have come to appreciate that most of the postoperative progress hinges on therapy.

As often as physicians write the prescriptions, it is amazing how little some of us know about the tenants of good therapy. I honestly had no idea about good *vs* bad stretching, much less how scapular stabilization actually works. So just going through these exercises day after day has pushed me to a whole new level of understanding and appreciation. Furthermore, the ambiguous prescription of "modalities PRN" that I am guilty of writing many times over has been slowly demystified over time. Kinesthetic taping provides more than just an ode to Kerri Walsh, instrument-assisted soft tissue mobilization serves a legitimate purpose, and dry needling yields some amazing and tangible results. Admittedly,  $n = 1$  in this case, but I believe these modalities can be incredibly effective in the right hands and for the right patients.

And from the standpoint of a surgeon-in-training, it has been good to see the amount of buy-in this whole process requires on the part of the patient. The cost, time in and especially out of the PT clinic, and the sense that it truly matters as much as the surgery itself are all barriers that must be addressed.

One of the most unexpected but fascinating part of this journey has been the unconscious trust that develops between patient and therapist. I worked 90% of the time with the same therapist, but on the occasions where she was unavailable, her supervisor, whom I know well and respect a great deal, would stand in to provide my treatment. But those sessions were never quite the same – I never seemed to be quite as relaxed, motion was a bit more of a struggle, and the flow of the encounter was just not as smooth. It highlighted to me how putting a delicate repair in someone's hands over and over creates a bond, conscious or not, that underscores the entire course of rehab. This is not to say PT models that alternate therapists are invalid, but certainly from a patient standpoint, the one-on-one approach pays major dividends.

Another aspect of this experience that I underestimated was the value of hands-on therapy. Not a session went by that did not revolve around physical contact – be it manual therapy, soft tissue work, or assisting in proper

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kinematics. I found that my insight into my own shoulder was often not as good as hers – although I knew how I felt, I was unable to link it to more objective details. For example, my shoulder became inflamed about 4 weeks postoperatively, which presented as restricted motion and capsular tightness in her hands. She contacted my surgeon immediately, and the following day I started a short course of oral steroids. Because of her ability to identify this quickly, the inflammation became merely a minor setback. This demonstrates the importance of a therapist who has her hands on patients regularly and is able to sense the smallest changes and subsequently take action.

Obviously, this kind of dialogue requires a certain level of commitment to open communication between the patient and therapist and particularly the therapist and physician. Unfortunately, numerous barriers often prevent this so I give a great deal of credit to what has been a very intentional relationship in this case. Perhaps we, as surgeons, need to shift our collective mindset and willingness to address these challenges for the good of our patients. Sometimes waiting until the 6-week postoperative appointment for a status update is more

than just a missed opportunity. Much of this, obviously, is predicated on trust – without knowing the therapists and valuing their opinions, none of this makes much sense. I believe this begins by identifying a quality provider or group, initiating a relationship, and creating a “check your ego at the door” type of environment.

Ultimately, as surgeons and therapists, we share the unified goal of exceptional patient care. And although there are individual aspects to this, an open dialogue and an effort toward mutual understanding are critical. As a resident approaching a career in sports medicine, there is still much to learn from the surgical side, which understandably remains the focus. But this has been a rewarding and growing experience on my end – certainly one that will continue to shape my training and practice moving forward. After all, there is a whole lot more to all of this than just “PT eval and treat.”

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