

## An Opportunity for You to Provide Comments to the Joint Commission

The Joint Commission is revising pain assessment and management standards for the Nursing Care Center program, which includes organizations providing rehabilitative, supportive, long-term, and skilled nursing care in long-term care facilities. Revisions are designed to promote patient safety and quality of care, and align accreditation requirements with current recommendations from scientific, professional, and governmental organizations.

Step 1: *To review the proposed requirements, please download the [Proposed New Requirements for Pain Assessment and Management: Nursing Care Centers](#)*

Step 2: *To provide comments, submit your comments in one of the following ways:*

1. Submit your comments via the [online survey](#), which will take 30-35 minutes to complete.
2. Submit your comments via the [online form](#).

Comments on these proposed requirements will be gathered through Sept. 5, 2018.

### PMSIG Clinical Pearl – August 2108

#### Topic: Model for Making Treatment Decisions

Although many patients who come to us in pain present with a straight forward history and consistent physical findings, others can be complicated, describing a convoluted history with multiple pain episodes and demonstrating irreconcilable physical findings on evaluation. With more complex patients, a broader, biopsychosocial perspective is often indicated. This biopsychosocial treatment approach needs to be specific to the patients' needs and beliefs and also something that the clinician is confident to provide. With this in mind, I would like to share a model for decision making based on a patient's presentation that I developed to help myself and my coworkers clarify treatment choices for even the most complex patient.

|   |   |
|---|---|
| 1 | Have I ruled out red flags?                                       |
| 2 | What is/are the dominant pain mechanism(s)?                       |
| 3 | What are the psychological/yellow flag risk factors?              |
| 4 | What other risk factors are present?                              |
| 5 | What risk factors are modifiable and within my scope of practice? |
| 6 | What does the evidence say?                                       |
| 7 | What am I skilled and confident to provide?                       |
| 8 | What is the patient able, willing and confident to do?            |
| 9 | What other disciplines should be involved?                        |

The goal of this method of inquiry is to identify treatments to address pain mechanisms and risk factors that overlap from questions 6-8 and also consider other disciplines for risk factors that are modifiable but not within the physical therapy scope of practice. These nine questions can be reviewed and reassessed throughout the course of care. They can help focus a therapist's efforts on treatments truly suited to a patient's individual presentation and needs. Resolving

symptoms completely may not always be a reasonable goal for more complex patients, but we can almost always construct a plan of care that has a positive impact on their life and supports their participation in activities that are meaningful to them despite their impairments and symptoms.

PMSIG Member, Katie McBee, DPT, OCS, MS provided this Clinical Pearl. Katie is Regional Director of WorkStrategies for Select Medical and is based in Louisville, KY. She will present 2 poster abstracts at the upcoming International Association Study of Pain World Congress in Boston in September 2018 on topics pertinent to pain care in physical therapy. Katie's passion is learning and sharing new information on pain science and best practices for the treatment of pain for physical therapists. She spends a portion of her professional time developing new strategies to prevent and manage pain effectively and efficiently in outpatient practice under current and creative payor models. Thank you, Katie, for sharing your expertise!

Clinical Pearls reflect succinct, clinically relevant information drawn from your experience that can benefit patient care but may not be found in the medical literature. We'd love to hear your suggestions. Please send your ideas for a Clinical Pearl to Bill Rubine, MPT at [Rubineb@ohsu.edu](mailto:Rubineb@ohsu.edu) or Carolyn McManus, MPT, MA at [carolyn@carolynmcmamus.com](mailto:carolyn@carolynmcmamus.com).