

Post-Traumatic Healing: A Holistic Process

By David J. Conti, DPT, NCS, CSCS

To comprehend the complexity of post-traumatic healing is to appreciate the balance between the multiple dimensions of human well-being.

The seven components of wellness are: physical, emotional, intellectual, social, spiritual, environmental, and occupational. Efficiency of the mind-body interface is paramount in the truly healthy individual.

This understanding is fundamental for the physical therapist assisting a patient to rehabilitate a physical injury or condition. In short: attempting to optimize the physical components while disregarding the psychological would be foolish and counter-productive.

While psychological elements may neither be the primary diagnosis nor within the scope of practice, it is essential that the clinician understand and respect the potential impact of these variables in achieving desired physical outcomes.

MORE THAN A FEMUR FRACTURE

I recently managed the care of a five-year-old girl—who I'll call "Annie"—who suffered a femur fracture when jumping on a trampoline. She came to physical therapy having just had her cast removed after six weeks. She presented with the typical impairments to strength, range of motion, flexibility, and balance; however, it was immediately clear that the greatest hurdle we would face was her apprehension.

Annie had absolutely no interest in bending her knee and was more than a little skeptical about this strange place her mother had brought her to. I decided that my goals for the initial session would be to educate her mother on the plan of care and answer her questions; and to simply get Annie to speak to me.

It really didn't matter what we talked about; it was just important that Annie and I develop a comfortable relationship. I emphasized that we would be playing games and having fun each time she came. This was very delicate however, since, after all, jumping on the trampoline was lots of fun, too—until it wasn't.

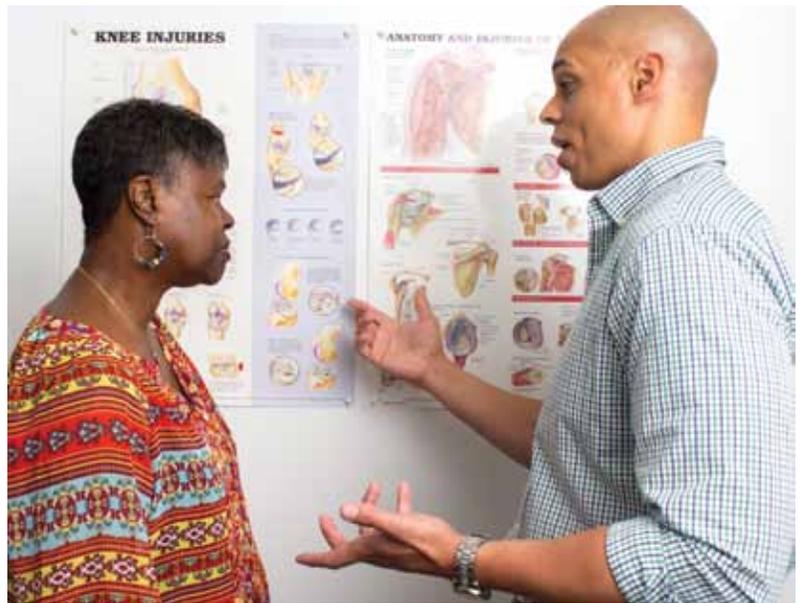
I also made it clear that Annie would have a say about which activities we performed each session. Once she realized I would not ask her to do anything she didn't want to do and that she would have the chance to be "in charge," Annie began to open up. Before I knew it, she was telling me her siblings' names and things she likes about school. When I saw her begin to scan the room with curiosity for the brightly colored balls, toys, and cones, I knew we were well on our way.

GAMES AND HEALING

Over the next few weeks, we played more games than I could count. Most activities involved flexible, if not evolving rules, typical of the creative mind of a five-year-old. In time, Annie was jumping, lunging, squatting, and kneeling; all with a bright smile and an infectious laugh.

When

David Conti considers patient education a critically important component of a holistic physical therapy program.



asked if her leg still gave her trouble, Annie hesitated before responding with "If I say no, does that mean I can't come back?" This was certainly a success story, which I attribute greatly to the initial approach. Her feelings were respected and validated, but not allowed to become crippling. A delicate balance indeed.

REHABILITATION: BUILDING CONFIDENCE

The rehabilitation of patients following surgical repair is common in outpatient physical therapy. Whether it be helping an athlete return to sport or an employee return to work, there is much to consider when constructing a plan of care.

The fundamental issue for these patients is to regain the confidence to engage in the behavior—however modified—that landed them in their current predicament. And it should come as no surprise if/when the patient is a little skittish about resuming those activities.

A classic illustration is falling. I have had countless patients with instability and poor balance as their primary diagnosis—most having experienced at least one fall. Falling has an uncanny way of grasping your attention; and falling while performing a basic task that has long been taken for granted tends to have a sobering effect.

These patients begin to question their bodies and their functional capacity. This process of self-appraisal frequently causes the patient to self-limit—considerably more than needed—unnecessarily robbing themselves of precious function.

To illustrate: if we describe their pre-trauma capacity as *basketball-sized* and their post-traumatic capacity as *baseball-sized*, many patients will maintain a *golf-ball-sized* comfort zone. This gross short-changing is all too common and is frequently leads to residual psychological trauma.

The solution is confidence building. This is a multi-layered process that starts well before resuming what had been a detrimental activity. Early identification of the root of the problem, followed by education about the prescribed plan, and appropriate pacing of the therapeutic program—all can make all the difference in a patient's ability to return confidently to function.

PHYSICAL THERAPY: A HOLISTIC HEALING PROCESS

The residual impact of traumatic experiences spans well beyond what we can physically see. Throughout the lifespan, people fall victim to psychological and emotional barriers following trauma. Complete recovery can frequently take longer than the typical time-frames associated with mere physical healing. A thorough and thoughtful clinician will recognize and demonstrate sensitivity to the many dimensions of wellness, while maintaining a willingness to refer the patient to the appropriate specialist, should the issue fall outside of their given scope of practice. **h&h**

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Located at 1300 Corporation Parkway, Raleigh, NC, 27610 Suite B, RBR PT treats patients from infants to geriatrics. RBR PT is known as an inclusive clinic and a strong community resource. Call to make an appointment at (919) 917-7729, or visit RBRPT.com for more information.