



LSVT Global Public Webinar Series

**Title: How Occupational Therapists and Physical Therapists
can Collaborate to Successfully Share LSVT BIG®
Clients**

**Presenters: Julia Wood, MOT, OTR/L
Heather Cianci, PT, MS, GCS**

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How Occupational Therapists and Physical Therapists can Collaborate to Successfully Share LSVT BIG® Clients



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Presenters



Julia Wood, MOT, OTR/L, LSVT BIG® Faculty



Heather Cianci, PT, MS, GCS, LSVT BIG® Faculty

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Presenter Biographies

Julia Wood, MOT, OTR/L

Ms. Wood received her Bachelor of Science in Exercise Science and Wellness from Ball State University and Master in Occupational Therapy from the University of Minnesota. She specializes in patient-centered interdisciplinary evaluation and treatment of neurological movement disorders. She has also served in interdisciplinary clinics for patients with atypical Parkinsonism, Huntington's disease, ALS and those considering Deep Brain Stimulation. Ms. Wood serves as occupational therapy faculty for the Parkinson Foundation's Team Training for Parkinson's program, educating clinicians in interdisciplinary focused, evidence-based evaluation and treatment of individuals with Parkinson's disease. She is a member of the Parkinson Foundation Rehabilitation Medicine Task Force and serves on the Comprehensive Care Subcommittee for the World Parkinson's Congress in Barcelona, Spain 2022.

Heather Cianci, PT, MS, GCS

Ms. Cianci is the Geriatric Team Leader and founding therapist of the Dan Aaron Parkinson's Rehab Center at Pennsylvania Hospital in Philadelphia, PA. She received her Bachelor of Science in Physical Therapy from the University of Scranton, and her MS in gerontology from Saint Joseph's University, both in Pennsylvania. Heather received her Geriatric Clinical Specialist Certification in 1999 and was certified in LSVT BIG in 2007. She is a 2004 graduate of the Parkinson's Foundation's (formerly the NPF and PDF) Allied Team Training for PD and became a faculty member for the program in 2017. Ms. Cianci has written and lectured for several national PD organizations, on-line CEU providers, and PT programs at Philadelphia area universities. Her research is on falls and bed mobility in PD, and she is also a former board member for CurePSP.

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- All LSVT faculty have both financial and non-financial relationships with LSVT Global.
- Non-financial relationships include a preference for LSVT BIG as a treatment technique.
- Financial Relationships include:
 - Ms. Wood and Ms. Cianci are consultants for LSVT Global, Inc. and receive lecture honorarium.

Disclosures

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Webinar Logistics

- Microphones are muted
- How to ask questions
- Handouts
- Survey
- Continuing Education Units (CEUs)




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Information to Self-Report CE Activity



- This LSVT Global webinar is NOT ASHA or state registered for CEUs for speech, physical and occupational therapy professionals, but it may be used for self-reported CEU credit as a non-registered/non-preapproved CEU activity.
- If you are a speech, physical or occupational therapy professional and would like to self-report your activity, e-mail webinars@lsvtglobal.com to request a certificate after completion of the webinar which will include your name, date and duration of the webinar.
- Licensing requirements for CEUs differ by state. Check with your state PT, OT or Speech licensing board to determine if your state accepts non-ASHA registered or non pre-approved CEU activities.
- Attendance for the full hour is required to earn a certificate.

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Learning Objectives 

Upon conclusion of this webinar, participants will be able to:

- Understand the unique roles of PT and OT when evaluating an individual with PD.
- Translate findings of PT and OT evaluations into client-centered treatment plans to meet goals.
- Apply principles of interdisciplinary collaboration when treating with LSVT BIG with PT and OT.

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Poll #1- Who is joining us?

PT or PTA professional or student

OT or OTA professional or student

Other healthcare professional

Person with PD or caregiver

Other

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Poll #2- If you are a PT or OT professional or student, are you LSVT BIG Certified?

Yes

No

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What is LSVT BIG?

- Evidence based therapy program for people with Parkinson disease and other neurological conditions
- Prescribed minimum dosage and method of delivery
 - 4 consecutive days a week for 4 weeks
 - 16 sessions in one month
 - 60-minute sessions
- Exercises and skills practiced with high effort, with key focus on rescaling amplitude and sensory calibration
- Individualized training of patient specific functional goals and needs

Fox et al., 2012

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Who can provide LSVT BIG?

LSVT BIG Certified PT with/without LSVT BIG Certified PTA

LSVT BIG Certified OT with/without LSVT BIG Certified COTA

LSVT BIG Certified PT and OT each providing 2 sessions per week for 4 weeks

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Poll #3: Are you currently part of an interdisciplinary OT/PT team?

Yes

No

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Frequently Asked Questions

"Why should PT and OT see the same client for LSVT BIG...isn't it just the same thing each time?"

"Is this double billing when both OT and PT provide LSVT BIG?"

"OTs can't do gait training...shouldn't the PT just see them?"

"PTs can't work on handwriting...shouldn't the OT just see them?"

"Should we both see the client on the same day for LSVT BIG?"

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Why PT and OT?

- Each discipline provides specific specialty
- Comprehensively addresses client needs – test, treat and educate
- Strengthens and enhances sensory feedback opportunities
- Interdisciplinary care is best practice
- Medicare Thresholds (OP) \$2,040 for OT services \$2,040 for PT & SLP services combined

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OT & PT Collaboration

"A collaborative approach between OT and PT is successful when both disciplines focus on complementary, different aspects in both the assessment and interventions, while being aware of the instructions and strategies used by each other"

(Radder, Sturkenboom, Nimwegen, Keus, Bloem & de Vries, 2017)

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Ideal Scenario...

PT and OT are both consulted to evaluate the Person with Parkinson's (PwP)

However it may look more like this:

- PWP receives PT for evaluation for balance changes **OR**
- PWP receives OT for evaluation for fine motor difficulties...however they determine there are other issues that need to be addressed
- If this occurs, the first evaluating therapist can recommend that the other therapist should also see the PwP

There are also situations where either just PT or just OT would choose to treat

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PEDGE – Recommended Measures

<p>Body Structure and Function</p> <ul style="list-style-type: none"> • MDS-UPDRS revision - part 3 • MDS-UPDRS - part 1 • Montreal Cognitive Assessment - MoCA <p>Activity</p> <ul style="list-style-type: none"> • 6 minute walk • 10 meter walk • Mini BESTest • MDS-UPDRS - part 2 • Functional Gait Assessment • 5 Time Sit To Stand • 9 hole peg test 	<p>Recommended Measures for Specific Constructs</p> <ul style="list-style-type: none"> • Freezing of Gait <ul style="list-style-type: none"> • FOG questionnaire • Fatigue <ul style="list-style-type: none"> • Parkinson's Fatigue Scale • Fatigue Severity Scale • Fear of falling <ul style="list-style-type: none"> • ABC scale • Dual Task <ul style="list-style-type: none"> • Timed Up and Go (cognitive) <p>Participation</p> <ul style="list-style-type: none"> • PDQ-39 • PDQ-8
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OT - Suggested Measures

<p>Cognitive Assessment</p> <ul style="list-style-type: none"> • Montreal Cognitive Assessment – MoCA • Trail Making Test B • Parkinson's Disease Cognitive Rating Scale (PD-CRS) <p>Functional Activity</p> <ul style="list-style-type: none"> • Timed ADL tasks • Canadian Occupational Performance Measure (COPM) • Performance Assessment of Self Care Skills (PASS) 	<p>Suggested Measures for Specific Constructs</p> <ul style="list-style-type: none"> • Fine motor coordination <ul style="list-style-type: none"> • 9-hole peg test • Purdue Peg Board • Fear of falling <ul style="list-style-type: none"> • ABC scale • Fatigue <ul style="list-style-type: none"> • Fatigue Severity Scale (FSS) • Handwriting <ul style="list-style-type: none"> • Systematic Screening of Handwriting Difficulties (SOS test)
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LSVT BIG Treatment Snapshot

Maximal Daily Exercises

1. Floor to Ceiling
2. Side to Side
3. Forward Step and Reach
4. Sideways Step and Reach
5. Backward Step and Reach
6. Forward Rock and Reach
7. Sideways Rock and Reach

Functional Component Tasks

5 Patient identified simple tasks

Examples: Sit to stand, pulling pants up, stepping into shower

Hierarchy Tasks

Patient identified complex tasks:

Examples: Dressing, meal preparation, toileting

Build complexity across 4 weeks of treatment towards long-term goal.


Walking BIG

Distance/time may vary

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Communication is Key!

- Communicate evaluation findings and collaborate on a plan between PT and OT to address the needs of the client.
 - Functional Component Tasks and Hierarchies are established together
 - Goals are established unique to *YOUR* discipline



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Treatment – What is Different and What is the Same?

PT and OT have same:

- 7 Daily Maximal Exercises
- 5 Functional Component Tasks (FCT)
- Hierarchy Tasks (1-3) **OR**

PT and OT have different:

- Hierarchy Tasks (generally 1 each)
- Outcome measurements
- Plans of care
- Treating diagnosis
- Functional amplitude-focused goals related to each discipline



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Communication and Documentation are KEY!

Exercise and Functional Component Task Performance:

- Reps and hold times
- Percentage of verbal and tactile cues
- Level of physical assistance
- Number of losses of balance and how they were corrected
- Changes in challenge level (dual motor and/or cognitive tasks)
- Amount of self-correction

BIG Walking:

- Description of biomechanics
- Distance
- Time/Speed
- Assistance
- Amount of self-correction

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Communication and Documentation are KEY!


Hierarchy Tasks

- What subtasks were addressed
- Amount of physical assistance
- Percentage of tactile and verbal cues
- Number of losses of balance and how they were corrected
- Changes in challenge level (dual motor and/or cognitive tasks)
- Amount of self-correction

Progress toward goals

Carryover assignment performance

Patient reported improvements out of clinic



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Case Presentation

45 y/o male

Diagnosed 2 years ago

Currently not taking medication

Lives alone

Working at home improvement store and going to college

Supportive, but worried close friend

Photographer

Guitar player

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Physical Therapy Evaluation

- 5 Time Sit to Stand
- Timed Up and Go x 3
- Functional Gait Assessment
- Gait Analysis
 - Number of steps in 30 feet
- 10 Meter Walk Test
- Getting guitar out of case, putting strap over shoulder and then playing

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Occupational Therapy Evaluation

- Nine-hole peg test
- Fatigue Severity Scale (FSS)
- Canadian Occupational Performance Measure (COPM)
- Timed buttoning (3 shirt buttons)
- SOS test


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Functional Component Tasks

1. Sit to Stand - cognitive and motor dual tasks
2. Wallet from pocket
3. Shirt buttons
4. Reaching and grasping
5. Crossing leg for reaching feet


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Functional Component
Task Example:
Reaching & Grasping




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Hierarchy Tasks







-  **1. Playing guitar**
Getting guitar out of case
Putting strap over shoulder
Playing
-  **2. Carrying boxes at work to shelf**
-  **(work tasks)**
Low reach to box
Carry box
Place box on shelf
-  **3. Taking notes**
Copying from board/screen
Handwriting
Turning pages

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Carryover Assignments

-  Trying to "talk" more with his hands
-  Leaving short note for his Mom
-  Walking BIG to keep up with co-workers
-  Opening doors on campus for other people (instead of letting other do this for him)
-  Tuning his guitar with his friend
-  Getting his backpack from front seat and standing from car

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Goal Setting - OT



1. Pt. will demonstrate large amplitude strategy for manipulation of shirt buttons with noted decrease in time of 5 or more seconds by discharge to improve efficiency and support independence with dressing to prevent loss of function.
2. Pt. will independently demonstrate use of strategies for handwriting with noted increase in size on SOS test with 95% legibility in handwriting samples by discharge to support note taking tasks in education activities.

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Goal Setting - PT



1. Pt. will test at improved gait speed while carrying backpack by using large amplitude movements to improve quality of gait, safety and efficiency in order to get to class on time without LOB/Falls.
2. By using larger amplitude movements pt. will demonstrate safe and efficient bending and lifting boxes and moving them to support pt. maintaining employment and preventing trunk injuries.

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Points to Remember

- The evaluation needs to be performed by an LSVT BIG Certified Therapist(s) before LSVT BIG treatment can be started
- PTs cannot supervise OTAs & OTs cannot supervise PTAs
- A shared approach helps enhance calibration when PwP receive the same messages from 2 therapists
- Assess for the need of LSVT LOUD
- Sometimes there is a delay in the start of tx until everyone's schedules coordinate
- You must develop some mode of communication if you are not in the same office or are treating in the home...email, leaving written notes, in plan of care...

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Summary

- A collaborative model of PT & OT can contribute to a comprehensive, patient-centered approach to meet the complex needs of PwPs
- The Maximal Daily exercises, FCTs, and BIG walking will be shared by both disciplines
- Hierarchies may be shared by both disciplines or chosen and addressed unique to each individual
- The approach, outcomes and goals will be unique to each discipline

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Join us later this month!

Improve Your Fine Motor Skills through LSVT BIG®

Date: Wednesday, April 21, 2021
Time: 2:00 PM - 3:00 PM Eastern Daylight Time (EDT) (EDT is UTC - 4 hours)

How can training bigger movements improve your fine motor skills? Join LSVT BIG faculty as they discuss how increasing amplitude through LSVT BIG treatment can be used to help individuals with Parkinson's disease improve fine motor skills such as buttoning and handwriting, typing, and more.

Intended audience: Individuals with Parkinson's disease



Invite your clients!

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Thank you!



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Please complete the survey that will display on your screen
after you exit the webinar.
It will take five minutes or less to complete!

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