ClinicalPhysio

MSK Problem Lists and Goal Setting Handbook

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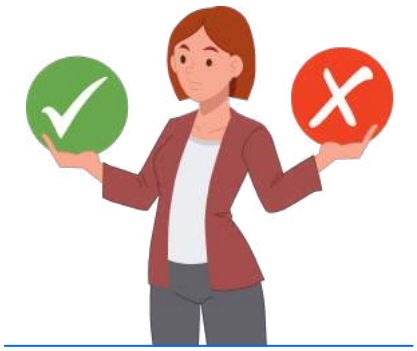
Introduction

Why is this so important?



Treatment Planning

Successful Outcomes

Creating a problem list and setting goals relevant to the patient helps us to plan their treatment in line with the most important factors affecting them. It also allows us to make sure we stay on track and have not forgotten a specific issue which may be very important to them. We also know that goal setting involves greater patient compliance and activity which leads to more successful outcomes.

Where do you start?

Problem List

helps you create

Goals

But YES... We do ask patient about their Goals/Expectations in the Subjective!

I would suggest that starting with creating the problem list is easier, because it then helps you focus on the goals.
Having said that, we do ask about goals and expectations in the subjective assessment before we create the problem list. Hopefully you will see through the webinar how you can use shared goal-setting to create the best opportunity for your patients.

Problem Lists

The Problem List is an activity completed by the therapist, using information from the patient (either during their subjective or objective examination)

"Questions are the Answers!"

A great way to involve the patient, and getting a true reflection of the key issues affecting them is through questioning, rather than assuming the answers ourselves. So we may ask things such as?

- So **how is this affecting** your life/hobbies/work/everything?
- "Is there anything **particularly** troubling you at the moment?"
- Aggs and Eases?
- Asking about Social History which may open up about how their Social History is affected?
- This can be backed up by findings in the Objective examination

Breaking it Down

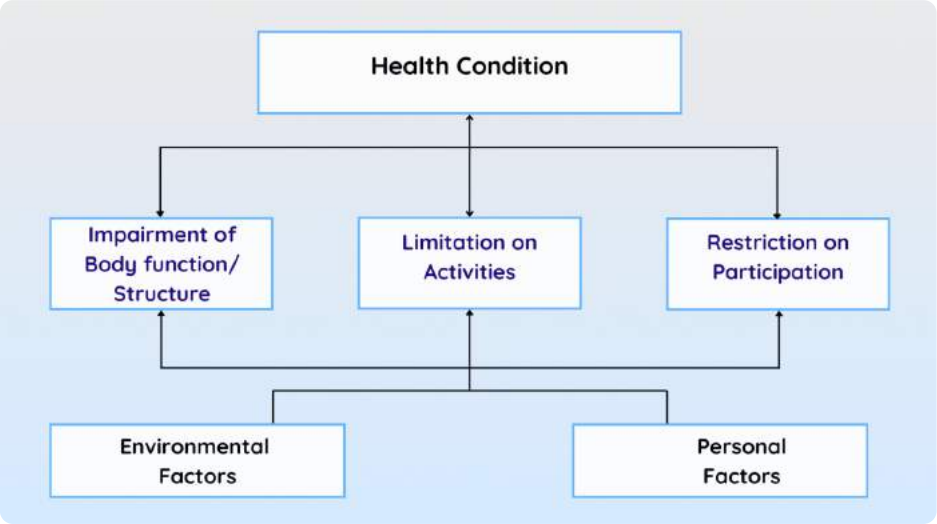
One thing I see clinicians sometimes struggle with is knowing what words or terms or phrases to actually write in the Problem List.

An easy way to think of this differently is thinking about "Impairments" and "Activities" that are affected rather than Problems. You can see below how we can differentiate between these, and how a specific impairment may lead to a specific problem

Impairment	Activity
Pain	Hobbies
Reduced ROM	Work
Stiffness	Sport
Instability	Relationships
Weakness	Friends
Reduced Balance	Family Time
Reduced Sensation	
Reduced Endurance	
Reduced Confidence	

Problem Lists

You may recognise "Impairments" and "Activities" as a part of the ICF Framework: International Classification of Functioning, Disability and Health



The above shows the ICF Framework, and below shows an example of how we can separate Impairment, Activities and Participation from the patient's presentation

Example

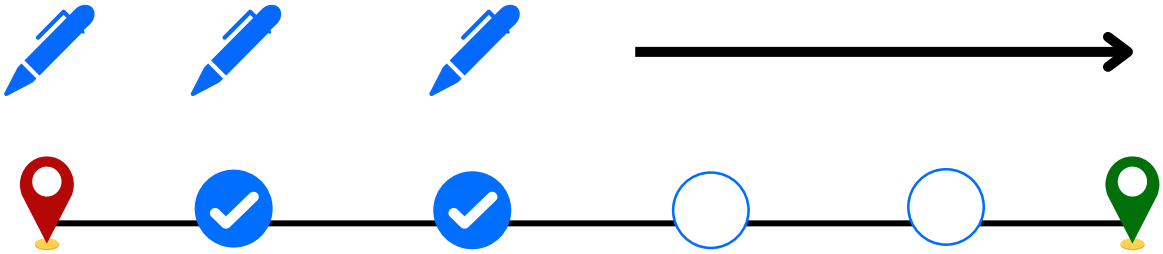
Impairment: Right Ankle Pain

Activity: Unable to walk more than 10 minutes or run at all

Participation: Unable to go for walks with family, Unable to play football with team

When to Complete a Problem List?

We tend to see in practice that a clinician creates a problem list at the start of the patient's treatment path, but does not review this or create a new problem list in the future. However, it can be very effective to create a new problem list at each session if you are uncertain, because it then allows you to create new goals at each session, and refocus on what the key aspects of your plan are with the patient!



Goal Setting

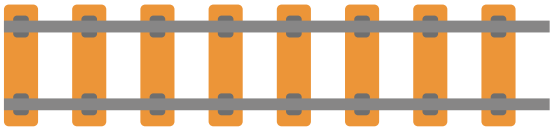
The Problem List is an activity completed by the therapist, using information from the patient (either during their subjective or objective examination)

Goal Setting is an activity which should be completed as a JOINT PROCESS, where the information is provided by the patient, and facilitated by the therapist, not dictated by the therapist.

Khalid's Key Principles for Goal Setting

1. Make it **Relevant to the Patient**
2. **Small Steps**
3. How does your **Treatment Relate to their Goals**?

Make it Relevant to the Patient



Keep things on track

Ensuring that the Goals that are set are relevant to the patient helps to keep things on track (because it gives your patient a focus that you can always come back to and remind them of), and also helps maintain your patients motivation.

But what is the key to keeping motivation?

- **We are more likely to do something if we have come up with the idea ourselves (Voss, 2016)**
- **"The more personal a request is, the more likely someone is to want to do it" (Goldstein, Martin and Cialdini, 2017)**

The above two points highlight that involving the patient so that they come up with the idea themselves, and doing something which is in keeping with the patient's specific aims, hobbies and activities, is vital to ensuring they take ownership of the goal.

Goal Setting

So... how do we ensure that the patient comes up with the idea?
QUESTIONS ARE THE ANSWERS!

- What have you **not been able to get back to**?
- What do you **want to achieve**?
- What kind of activities have you been doing **before now**?
- What is **important** and **meaningful** to you?
- What are the **things you look forward to?**

S **Specific**

M **Measurable**

A **Achievable**

R **Relevant**

T **Time-Orientated**

"To be able to run 3km in the next 6 weeks"

"By the next session...?"
More focus?

You will notice that "Relevant" is one of the key principles behind SMART GOALS as highlighted above.

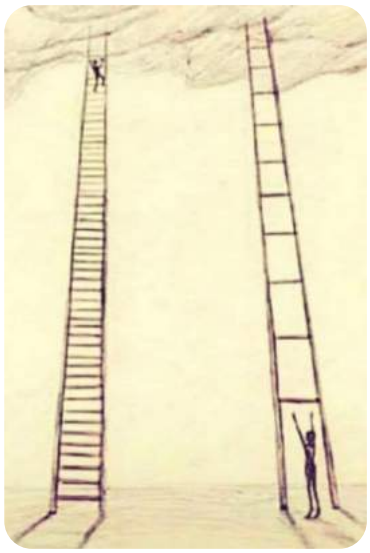
Hopefully you can see from the example above how we can create a goal which meets the SMART principles, and crucially is relevant to the patient's ambitions.

When setting a timeline, or deadline for the goal, perhaps using a suggestion like "By the next session" gives your patient more focus than "in the next 6 weeks".

It also facilitates Khalid's second key principle as on the next page!!

Goal Setting

Small Steps



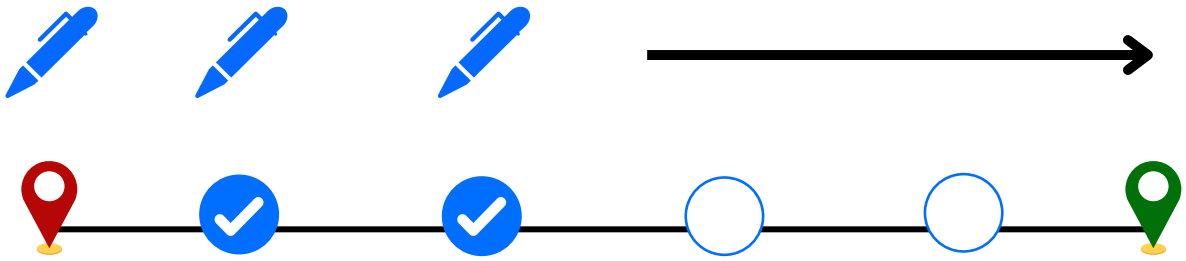
"What is your Main Goal?"

"Great, so what is our first step to achieving that?"

"What is your First Goal?"

Too many times I have seen patients not achieve their goals because they try to take bigger steps too quickly. When they inevitably are not able to achieve these big steps (as you can see with the image on the right), they may not be able to make any progress.

This is where SMALL STEPS is so important, and where setting small targets which the patient will be able to achieve and tick off their list is much more affective in reaching a bigger target further down the line.

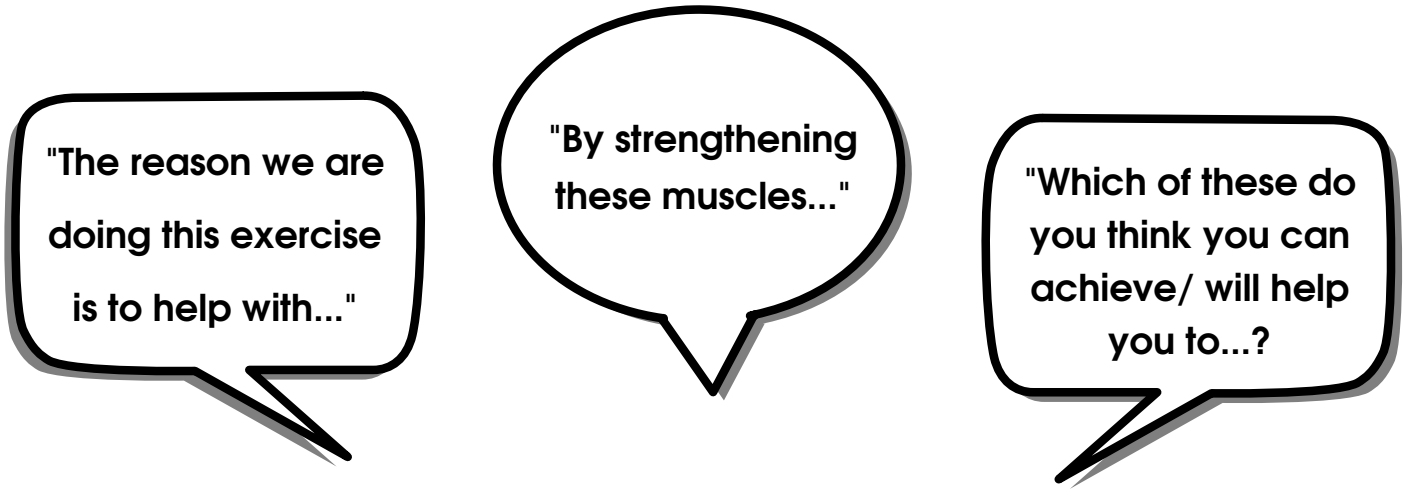


Remember that goals may change!

This is where the above diagram is once again very important. As we saw on the last page, setting new goals each session allows you to follow the Small Steps format, and also allows you to be able to keep track on how things change. Remember your patient's goals may change as a part of this too!

Goal Setting

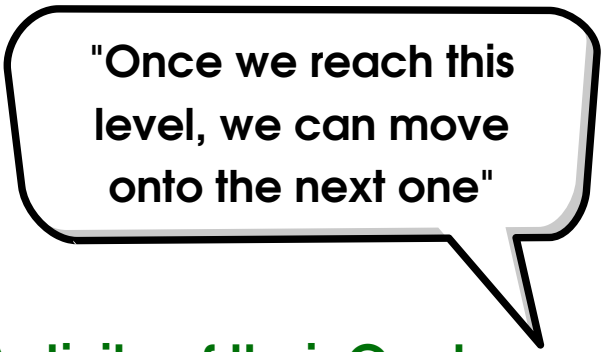
Does Treatment Relate to Goals?



Highlighting to a patient WHY you are giving them a specific plan, or a specific exercise, or even involving them in the process of selecting the exercises themselves, can directly increase their motivation to do said treatment. If they have been able to come up with a goal which is personal and important to them, and if you can then show them exactly how to achieve that goal through the treatment you are suggesting... it can be a perfect combination!

Turn your Treatment into Goals Themselves!

Rehab phases



Build Phases towards the Activity of their Goal

I have seen with excellent effect where therapist may create a series of REHAB PHASES that line up with the patients goals. For example, showing your patient what may be a part of each phase, and how this builds up towards their main goal in the future can also really keep your patient on track. It can show them a clear pathway of what they need to do and in what order in order to get where they want to go.

Goal Setting

Extra Ideas

I would encourage you to try and select goals related to IMPAIRMENTS or ACTIVITIES rather than pain, particularly when it comes to your persistent pain patients. These individuals may have little control over their pain, or may never stop being in pain. Thus creating goals around pain automatically is more likely to be unachievable.

"May always be in pain"
Less control than functional task
Easier to progress
Bigger psychological impact when it fails

What is the pain stopping them doing?

To achieve full strength of plantarflexion VS **To be able to calf raise on one leg**

Which means more to the patient? Use terminology which is most relevant to them!

Which sounds better and more relevant to the patient?

Maybe not on the first appointment?

Sometimes patients will be very keen, motivated and will appreciate goal setting to direct them. Some patients may be incredibly anxious, or worried about their symptoms they are experiencing, and so sometimes you may want to delay setting goals formally with them until the next session?

Case Study 1: Agnieszka

Agnieszka
79 year old female
Right Shoulder OA

Subjective

- 6-7/10 VAS Pain Right Shoulder with movement
- Right Hand Dominant
- Aggs: Shoulder flexion above 90°, Lying on right side at night
- Unable to do currently: Reach top shelf of cupboards, Hang washing on line, Washing her hair
- Retired, lives with husband, but does all main tasks around the house

Objective

- Active Range of Movement Right Shoulder:
  - Flexion 85°, Abduction 60°, External Rotation 20°
- Passive Range of Movement = Active Range of Movement
- Resisted: External Rotation 4/5, Internal Rotation 4/5

By splitting her problems up into "Impairments" and "Activity", could you create a short problem list for Agnieszka as well as imagine you were setting goals with her?

Case Study 1: Agnieszka

Khalid's Answers

Remember these answers are not the ONLY correct answers but hopefully give you some indication of thinking and reasoning

Impairments

1. **6-7/10 VAS pain levels at Right Shoulder**
2. **Reduced Active ROM Right Shoulder: Flexion, Abduction**
3. **Reduced Resisted Strength Right Shoulder: ER and IR**

Activities

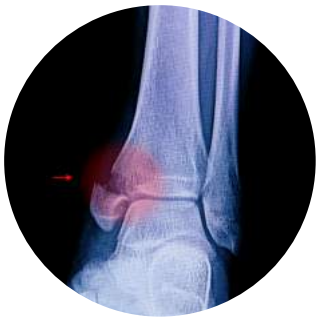
Reaching Top Shelf of Cupboards, Hanging Washing on Line, Washing her hair, Sleep

Goals (First Step - "by next session?")

1. **To be able to reach shoulder**
2. **To be able to reach top of forehead**
3. **To find most comfortable sleeping position**

Case Study 2: Gemma

Gemma
23 year old female
Right Ankle Fracture 6 weeks ago
Been in POP until seeing you today



Subjective

- Pain 7/10 VAS at the Lateral Right Ankle
- Has been Non-weight bearing for 6 weeks in Plaster
- Wants to return to cycling with her friends as her main activity
- Works from home in desk based job and has been able to do this
- Struggling to sleep due to pain
- Worries mainly about weight-bearing as she is scared about doing this for the first time

Objective

- Clear increased swelling Right ankle
- Active Range of Movement:
  - Dorsiflexion - Unable to reach neutral
  - Plantarflexion - 3/4 ROM
  - Inversion and Eversion - Minimal in both directions
- Attempted Weight-Bearing: Anxious throughout but able to partially weight-bear with crutches but with close reassurance
- Weakness throughout her whole right leg including Gluts 4/5, Quads 4/5, Plantarflexors 3/5

What 4 key problems would you highlight for Gemma at this time?
Imagine you were setting goals with her? What would you consider?

Case Study 2: Gemma

Khalid's Answers

Remember these answers are not the ONLY correct answers but hopefully give you some indication of thinking and reasoning

Khalid's Revised Problem List

1. **7/10 Pain Levels**
2. **Reduced ROM Dorsiflexion and Plantarflexion**
3. **Reduced Weight-Bearing**
4. **Reduced Confidence+++**

Would you have written swelling instead?

Gemma naturally has a few issues!
Are these the key ones?

Main Goal: Returning to Cycling

Goals (First Step - "by next session?")

1. **To have the ability and confidence to walk 10 metres with one crutch / no crutches**
2. **To push foot fully down (as needed for cycling)**

Summary

Utilise the patient as much as possible to **make it relevant** to them, and to **get THEIR OWN ideas**

Break down:

- Problem List into Impairments and Activities
- Problem Lists and Goals into Small Steps
- Review both each session

Achieve more motivation by **connecting your treatment to your patients goals**

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