

Communication in Occupational Therapy
During Diagnosis & Treatment
Using the Case Study of an Injured Violinist

by Brianna Richardson

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Professor Bryan Smith

University of Puget Sound

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Introduction

Communication is important in any field, but is especially important in the realm of medicine. Physicians, therapists, and other healthcare practitioners must be able to communicate their diagnosis and treatment plans to their patients, case managers, and anyone else who is involved with a patient's care. Since the training, approach, and method of diagnosis and treatment are very different for each subcategory of healthcare practitioners, this paper will focus on communication in the field of occupational therapy. A case study of an injured violinist will be used to exemplify occupational therapy's unique approach to communication.

When examining a patient, occupational therapists look at the physiological, psychological, and environmental components of the injury. Although the most visible component may be the immediate physiological injury to a muscle or tendon, the therapist must also examine and communicate with the patient about mental and environmental aspects of their occupation to help them fully recover. One of the greatest hindrances of communication between therapist and patient can be the differences in terminology and assumptions in each of their contrasting fields. To successfully treat a patient, a therapist must communicate their assumptions and frame of reference with the patient and discern the patient's own underlying assumptions about themselves and their injury.

Some Axioms of Occupational Therapy

To successfully accomplish treatment, most contemporary therapists believe that the patient must be fully involved in his/her treatment plan (Creek, 2007; Law, 1998). All factors of the patient's life (including daily activities, work, family life, and leisure pursuits) that could affect his/her health must be evaluated. These factors, which can combine in an infinite number

of ways to create an injury, are usually categorized into physiological, psychological, and environmental factors. It is the therapist's job to find out what the patient is willing or able to change and to motivate the patient to achieve these changes.

Relationship between Therapist & Patient

Building a functional and dynamic relationship with a patient is a crucial part of a therapist's job. If they cannot work cohesively with their clients, and are not respected by them, it is difficult for them to accomplish any of their treatment goals. Hagedorn, 2002, states:

The therapist's awareness of personal attributes and skills in interpersonal relationships and the sensitive and empathetic use of such attributes or skills in the context of an activity or task in order to develop a therapeutic relationship with the participant(s), and to achieve a therapeutic goal, is at the centre of the practice of occupational therapy (37).

The therapist must form a working relationship with their patient before they will be able to proceed with therapy. Since occupational therapy is so dependent on the patient's cooperation, a democratic relationship, where the patient is central to the decision making process, is often the most effective approach (Law, 1998). Creek, 2007, supports this outlook, stating that "Active participation by the individual in the process of therapy, as opposed to passive compliance, increases his choice, autonomy, responsibility for outcomes and control over his care" (127).

Underlying Assumptions

To build this crucial relationship, the therapist and the patient must understand the underlying assumptions of each other's fields of work. To illustrate the vast differences between the patient's perception of his/her injury and how this same injury may be viewed by their therapist, I will be utilizing the case study of a violinist, "Emily", who is receiving an initial evaluation by an occupational therapist.

Emily: “My left shoulder hurts all the time, even when I’m not playing the violin. I’m not sure why this is happening to me. Maybe it’s my technique. My teacher’s always telling me to use more bow weight. I don’t know what I’m doing wrong. I’ve been trying out new chinrests and shoulder rests, but I just can’t seem to find one that fits right. My body’s tense all the time, but it’s probably just stress. I’ve been practicing a lot, because we have a concert coming up in a few weeks, and I don’t want to disappoint the conductor. I don’t have time to be injured.”

Emily’s occupational therapist, “Robert”, notices that Emily shows strong signs of psychological distress while speaking about her injury. In his diagnostic notes, he writes: “Possible environmental aggravators include rigorous performing standards. Rotator cuff shows signs of inflammation. Upper trapezius muscle appears to be hyperactive and aggravated by postural positioning. Patient shows signs of perfectionist habits and appears to be very driven.”

If Emily were to read Robert’s notes, would she understand them? Does Robert understand all that Emily has told him? Both of them use specialized language to discuss Emily’s injury, but each of them uses a different set of undefined terms and assumptions that prevent them from communicating with each other.

Emily assumes that her injury is the result of poor technique or her performance schedule, and blames herself for allowing it to occur, though she’s not entirely sure why she’s injured. Her occupational therapist, Robert, assumes that her injury is the result of many factors. To treat Emily and help her recover, Robert will have to break down the communication barriers between their two fields and share his underlying assumptions with her. Within each of the overarching categories that Robert has been taught to use for determining the cause of an injury (physiological, psychological, and environmental), he will have to work with Emily to determine

which factors apply to her and what they will be able to address during her treatment plan. We will now examine each of these categories to see how communication is utilized between therapist and patient during different components of diagnosis and treatment.

Physiological Factors

The occupational therapist must communicate with their patient about what their physiological injury entails, so that they will be aware of their physical limitations and not exacerbate the problem. When working with a musician, since so much of their profession revolves around specialized technique, the therapist must examine the patient in the act of playing his/her instrument. This process may include communicating and working in tandem with the musician's teacher to rebuild their technique and reduce any existing tension. If the musician's instructor is not available, however, it is the therapist's job to find out enough about the musician's craft to treat them properly. As Barris, Kielhofner, & Watts states, "Occupational therapists must both appreciate pluralistic viewpoints and have knowledge and expertise in their own field" (1988, iii). An occupational therapist must understand their patients' fields of work and study in addition to their own medical backgrounds. When Emily refers to aspects of her technique, such as bow weight, or her use of specific equipment, such as a chinrest or shoulder rest, as she did during her initial consult with Robert, it is important for him to understand what she is referring to.

Since it is the physical act of playing their instrument that caused their injury, the patient may perceive the physiological aspects of treatment as the most important part of their recovery process, even if they don't understand the exact mechanisms that are involved. Without addressing other facets of the musician's life, however, the treatment process is less likely to be effective and may leave the patient vulnerable to re-injury.

Psychological Factors

When a musician experiences an overuse injury from playing their instrument, it can have a traumatizing affect on their identity as a musician, particularly if they are planning to have a career in music. The therapist must be aware of these concerns, so they can reassure the musician that they will recover and be able to play their instrument again. For someone like Emily, the anxiety of being perceived negatively for their injury may delay their willingness to accept that they are injured. Some may fear that their teachers, conductors, or potential employers may demote them or refuse to hire them if their injured status becomes public. It is important for their therapist to help them become aware of these assumptions and work through them, so that they can accept that they are injured and start to decrease their performance schedule and practice routines.

Environmental Factors

In contrast to fields of medicine that focus primarily on the physical body, occupational therapy focuses on “understanding complex connections between the person and the environment and how these are influenced by impairments that restrict performance” (Kielhofner, 2004, 18). In addition to psychological components, there are numerous factors in a musician’s physical environment that can contribute to injury. It is the occupational therapist’s job to work with their patient to determine which factors of their workplace and regular routines can be adjusted to smooth their recovery process. For a violinist like Emily, these factors could include lengthy rehearsals without breaks, a poorly designed chair, fluctuating temperatures in their practice room, or improperly fitted equipment on their instrument. The occupational therapist must communicate with their patient to find out which factors – such as a more ergonomic chair or a different practice space – are open to change, and which elements – such as

rehearsal length or which shoulder they use to support their instrument – would be much more difficult to alter. If the patient is unaware or uninterested in fixing a problem, it is unlikely that they will be motivated to change their behavior. Sharing their underlying assumptions with each other facilitates this necessary communication between the therapist and the patient.

Conclusion

When examining the physiological, psychological, and environmental components of a patient's injury, it is essential that an occupational therapist build a functional relationship with the patient. Treatment plans are most effective when the therapist communicates with the patient about his/her treatment plan and involves them in the decision making process. By sharing each other's assumptions and frames of reference, the therapist and patient will be able to communicate with each other about why the injury occurred, and develop a more successful method of treatment that incorporates these concerns.

Works Cited

- Barris, Kielhofner, & Watts, 1988. *Bodies of Knowledge in Psychosocial Practice*. SLACK Inc., Thorofare, NJ.
- Creek, J., 2007. "Engaging the reluctant client." *Contemporary Issues in Occupational Therapy: Reasoning and Reflection*. Ed. J. Creek and A. Lawson-Porter. John Wiley & Sons, Ltd. Hoboken, NJ.
- Hagedorn, R., 2002. *Foundations for Practice in Occupational Therapy*, 3rd Ed. Churchill Livingstone, Edinburgh.
- Kielhofner, G., 2004. *Conceptual Foundations of Occupational Therapy*, 3rd Ed. F.A. Davis Company, Philadelphia.
- Law, M., 1998. *Client-Centered Occupational Therapy*. SLACK Inc., Thorofare, NJ.