NEEDED: A LEG UP

Anita, a PT with 8 years of experience, works at a PT-owned private practice that serves patients and clients of all ages who have orthopedic issues. Carl, the founder and owner, has built the practice into a trusted and valued community resource over the course of his 20-year stewardship.

He has been telling staff for some time, however, that the practice needs to respond in a meaningful way to the economic challenges and opportunities presented by the Affordable Care Act and related changes in health care. “We must explore ways of expanding our patient and client base,” he has said.

One Monday morning, Carl excitedly approaches Anita with some news. During the state chapter meeting that all the practice’s PTs had attended over the weekend, Carl had met with Rita, a prosthetist who had exhibited. The upshot of their conversation is that the prosthetist soon will be referring some of her patients to the clinic.

Anita considers this development but does not share Carl’s enthusiasm. She assumes the reason Carl is telling her this news is that he knows she has treated some patients fitted with prosthetic limbs. But that was more than 9 years ago, during her second clinical affiliation while she was still in school. Anita is aware, too, that one of her colleagues at the clinic has any experience with patients or clients who have prosthetic limbs.

“Do you think anyone here has the necessary background to work with such patients effectively?” Anita asks. “I mean, you know that my experience was limited and happened a long time ago, right?”

Carl smiles, pats her shoulder and says, “It’s like riding a bicycle, Anita. When you see that patient in front of you, it’ll all come back to you and you’ll know what to do.” She doesn’t share Carl’s confidence, but neither does she feel comfortable further challenging him. She’ll catch up on the latest literature and research related to prosthetics and PT, she reasons, and will defer further comment until the initial referral comes her way.

A few weeks go by without a patient from the prosthetist. Anita hopes the pledge was as benign as a handshake. She has been doing a lot of reading and has discovered that prosthetic design – and even much of the terminology related to treatment of patients with prosthetic limbs – has changed markedly in the near-decade since she has last worked with this patient population. She has a lot to learn, she realizes.

But then the day comes. Anita is assigned to work with Bill, who is 58 and recently has lost his right leg to complications from diabetes. He’s friendly and has a positive attitude toward rehab, but his is not an easy case. Bill has circulatory
insufficiency in his intact left leg and sensory losses in all 4 extremities. He’s overweight. He has vision issues that affect his balance. Anita quickly sees that Bill isn’t someone she can help leverage the counter near the sink in the exam room, and then give a walker. He’ll need considerably more stability before gait training with his prosthetic leg can safely begin.

The first thing she needs to do, Anita determines, is to call Rita, the prosthetist, for more information about Bill’s artificial leg, as it is a model to which she is unfamiliar. Rita offers to hand-deliver the prosthetic to the clinic for Bill’s next PT session, so that she can instruct both Anita and Bill in its design and best use. Anita agrees, although she hopes Rita’s presence won’t in any way undermine Bill’s confidence in Anita’s ability to treat him.

Anita needed have worried. Bill is happy to see 2 professionals working in tandem toward his optimal recovery. And Rita is very helpful; having everything the PT and patient need to know about safe use of the artificial limb. This information only amplifies Anita’s concerns however. For one thing, Bill first will need to stand with the new limb while supported by parallel bars – equipment the clinic doesn’t have. Also Bill’s optimal safety, Anita believes, dictates that she be by his side for the vast majority of the time he’s at the clinic – a difficult proposition given the clinic’s caseload. What it all boils down to in Anita’s mind is that her facility is not a good setting for this type of patient – in terms of clinical expertise, equipment or logistics.

Later that day, Anita shares with Carl her concerns. He listens intently and without interruption. She is hopeful that she has swayed his thinking. But what he says next is, “We’re PT’s, Anita. We’re professional and problem solvers. I have every confidence in you. This clinic needs to establish new lines of referrals and I know we have the right team in place. This patient population is a great place to start.”

Carl has made his position clear, and he’s the boss. But Anita remains uneasy, unconvinced by the owner’s assurances that everything will be fine.

**CONSIDERATIONS**

Questioning her own competence to effectively treat Bill, Anita reaches out to Rita for help. That meeting does greatly clarify what Anita needs to do, and the resources she’ll need in order to do it. That knowledge only heightens her concerns, however, as Carl does not share Anita’s assessment that Bill’s needs and the clinic’s makeup are less than an ideal fit. What is Carl’s responsibility in their situation?

Use the 4 steps to decide the **realm, individual process and situation**

Is it legal or ethical?
Is it an ethical dilemma or problem?
Which ethical principles apply?
Which Regulation from the NJ Practice Act applies?