

Facilitator Notes For RF

- What is your experience working with PTSD patients?
- What are other ways that chronic pain patients can treat their pain without medication?
- How can your profession positively contribute to the patient's condition?
- Where would you begin as a health care provider for this patient?
- What is one way the health care team can collaborate to improve the care of this patient?
- What other providers can/should be involved in the care of this patient?
- How could you support the efforts/treatments of providers in other fields?
- How can your role contribute to/enhance the patient's equine therapy?
- What role can a nurse play in helping this patient return to his ADLs?
- Has he tried anything else besides Equine therapy?
- Does he require any financial assistance?
- How can a psychiatric evaluation help this patient?
- How can his family help R.F deal with his conditions?
- Is he affiliated with the local VA and if so, is there therapist that specializes in veterans with PTSD who can work with him?
- What difficulties would you expect a veteran to face as they are attempting to get disability funding for a complaint of "chronic pain".
- What additional assessments would be relevant for this patient?
- What resources exist for RF? Veterans?
- What pain techniques have you seen or used in a clinical setting that have been effective?
- What types of cognitive therapy for PTSD is available?
- What has been effective in your own pain relief?
- Why do you think many people choose not to take pain medications? Examples?
- Why do you think this patient finds relief from equine therapy?
- What's your understanding of the connection between PTSD and chronic pain?
- Will you come in contact with patients like this in your practice?
- What are some attitudes that medical professionals may have of this patient?
- How could you support the patient's exploration of other therapeutic options?

Additional Resources

Certified Registered Nurse Anesthetist: It may be beneficial to give the patient a survey that lists several therapies with descriptions. This may be a non-threatening way to assess how willing RF is to try new things.

Medical Student: Full osteopathic structural exam. Blood testing to rule out any endocrine dysfunction, autoimmune disorders, chronic fractures, malignancy, or neuropathic pain. Mental status exam including a depression scale and PTSD checklist (resource = U.S. Dept. of Veterans Affairs)

Nursing: pain scale, ask lifestyle goals, PTSD history, PT consult, pain specialist, research equine therapy, psychology consult, evaluate sleep and anxiety

Occupational Therapist: Bed Mobility Assessment, Occupational Profile, Home Evaluation, ADL Assessment, Cognitive Assessments; COPM (Canadian Occupational Performance Model) to detect patients self-perception of his occupational performance

Physical Therapist: Muscles: Testing and Function Kendall et al. for proper MMT technique as well as reference for myotome and dermatome. Measurement of Joint Motion: A Guide to Goniometry by Norkin and White for reference of typical and functional ROM for joints and proper technique for measurement of any found deficits. Sensation and muscle stretch reflexes.

Physician Assistant: In depth history, full physical exam, extensive testing of spine and extremities for radicular/neuropathic pain, sensory deficits and motor weakness, Up To Date, Medscape.com