

## 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