[redacted]

PT 760

October 1, 2015

Individual Written Assignment – Patient Case Report

During home health care physical therapy, improper treatment of exercises resulted in a patient's death. The patient was a 68-year old chronically ill female with a history of diabetes, severe ankylosing spondylitis, neuropathy, myopathy, chronic obstructive pulmonary disease, obesity and falls. The physical therapist evaluated the patient and prescribed a variety of home based physical therapy treatments which included wall slides. While helping the patient perform wall slides, the physical therapist assistant found the walls of the home to be uneven and changed the exercise location to the hallway bathroom door. On one occasion, the patient's daughter requested that wall slides against the door be removed from the patient's therapy program because of the patient's physical instability. Despite that request, on the day of the incident after the patient completed three successful wall slides using the bathroom door, during the fourth wall slide the door suddenly opened, thrusting the patient to the tiled bathroom door. The PTA cautioned the patient to remain still and called 911 for assistance. The PTA also notified her employer and the patient's physician of the patient's fall. Prior to EMS arrival and despite the PTA's caution, the patient repositioned herself to a sitting position, stating that she had no pain or discomfort from the fall and was assisted to a standing position by the EMS staff. After this, the patient stated she was fine and refused multiple recommendations for transport to the hospital for further evaluation. The PTA unsuccessfully attempted to contact family members to come stay with the patient. When the PTA left the patient's home, the patient appeared to be in stable condition, had no complaints and stated she would be fine left alone. Later that day, the patient was transported to the hospital by her family with complaints of pain and the inability to move

her lower extremities. The patient was admitted to the intensive care unit for five weeks where she continued to suffer pain and post injury paraplegia secondary to fracture of the third thoracic vertebrae with an extensive spinal hematoma. When it was determined that her condition would not improve, she was discharged home with 24-hour home care assistance. Her condition continued to deteriorate and she died two days after arriving home (HPSO, 1).

In this case, there are several laws in which the PTA and PT failed to follow in the California Business and Professions Code. Section 2630.3 (a) states "a licensed physical therapist assistant may assist in the provision of physical therapy services only under the supervision of a physical therapist licensed by the board. A licensed physical therapist shall at all times be responsible for the extent, kind, quality, and documentation of all physical therapy services provided by the physical therapist assistant.

In 2630.3 (d), the Business and Professions Code states "The supervising physical therapist shall determine which elements of the treatment plan, if any, shall be assigned to the physical therapist assistant. In addition to this, section 2622 (a) of the code states "a physical therapist shall be responsible for managing all aspects of the care of each patient as set forth in regulations promulgated by the board (CA Codes, 3-4)." Although there was fault from the PTA by not informing the PT of the uneven surfaces of the walls and her decision to move the patient to the bathroom door for the wall slide exercises, the PT was equally at fault for not supervising the exercises at the time on implementation. In this scenario, the PT should have evaluated the safety of the environment in relation to the patient's exercise prescription and supervised the PTA and the patient during the exercises. Even without the PT supervising, the PTA should have known her own scope of practice and ceased treatment deemed to be a safety risk to the patient. In addition to this, the PTA should have protected herself by documenting all refusals of

recommended care, treatments, and attempts to obtain supervision for a patient who has been injured by asking the patient to sign that they refuse treatment and are aware of the risks of that refusal.

As well as breaking legal code, the PT and PTA demonstrated questionable core values of physical therapy. Both the PT and PTA demonstrated poor accountability, caring, and integrity according to APTA's *Professionalism in Physical Therapy: Core Values.* Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist. Accountability includes responding to a patient/client's goals and needs, acknowledging and accepting consequences of his/her actions, and adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities (APTA, 1). The PT in this case had poor accountability because he/she did not correctly respond to the patient's needs by failing to ensure a safe environment for exercise and did not adhere to the PT code of ethics, specifically principle 3E of the APTA guide for professional conduct which states, "physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel." The PT did not provide appropriate direction and communication to the PTA as the PTA was helping the patient with her exercises without supervision.

Do we know to what degree the PTA was supervised

Along with accountability, the core values of caring and integrity were not demonstrated by the PT and PTA as well. Caring is the concern, empathy, and consideration for the needs and values of others. Caring can include understanding an individual's perspective and demonstrating respect for others. Integrity is the adherence to high ethical principles or professional standards. Integrity includes abiding by the rules, regulations, and laws applicable to the profession and taking responsibility to be an integral part in the continuing management of patients/clients

(APTA, 2-3). Principle 4 of the code of ethics also states "physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public." This principle includes everyone physical therapists come into contact with professionally and is not limited to family members such as the patient's daughter. The PTA showed a poor demonstration of caring and integrity as she did not take the patient's daughter's opinion that the wall slide exercise be removed from the therapy regimen into consideration.

In the end, the patient's husband sued the home health agency, the physical therapist and the PTA for damages resulting in his wife's pain and suffering, paraplegia and death and for his own loss when she died. The PTA was deemed negligent for failing to notify the physical therapist regarding the uneven walls and her decision to move the patient to the bathroom door during the wall slide exercise and failing to notify the physical therapist that the patient's daughter requested the discontinuation of the wall slide exercise. It is possible that this lawsuit could have been avoided had the PT and PTA adhered to the Code of Ethics for Physical Therapist, practiced professionalism in the PT core values, and followed business and professions code.

References

APTA (2012). *Professionalism in Physical Therapy: Core Values*

APTA. *Code of Ethics for the Physical Therapist*

Business and Professions Code Section 2620-2634

HPSO (2011). *Case Study: Improper treatment resulting in patient death*